

Court Location
Court File No.
<input type="checkbox"/> Unified Family Court
<input type="checkbox"/> Provincial <input type="checkbox"/> Supreme

AFFIDAVIT OF ARREARS

Before Completing This Form - Complete The Attached Worksheet

In The Matter of the Support Orders Enforcement Act

SEP Account No.
- FOR OFFICE USE ONLY -

Print Name	
Address and Postal Code	

Creditor

AND

Print Name, Address and Postal Code	

Debtor

CANADA)
PROVINCE OF NFLD.) I, the Creditor, make Oath and say that:

Original Order

1. There was a Support Order made on the _____ day of _____, _____ in the _____ at _____
(Name of Court) (Location)

2. The arrears owed by the Debtor which have accumulated under the said Order and any Variation Orders are:

During the ten years immediately preceding the making of this affidavit:

From	_____	_____	_____	to	_____	_____	_____	Amount Owing
	Day	Month	Year		Day	Month	Year	\$ _____

3. I make this affidavit for the purpose of proceeding against the Debtor for enforcement of payment of the monies owing in respect of the said Order.

4. I acknowledge that enforcement by the Director is exclusive pursuant to Section 4 of The Support Orders Enforcement Act.

SWORN BEFORE ME THIS _____ day

of _____, A.D. _____

Signature of Creditor

at _____, NFLD.

A Commissioner for oaths in and for the Province of Nfld.

Send this Original with the Completed Worksheet to the Support Enforcement Program.