

## EXPLANATORY NOTES

### DECLARATION BY VOLUNTARY DEPOSIT DEBTOR (SJ-1086A)

Depending on the circumstances, the form “Declaration by Voluntary Deposit Debtor” is used to:

- make a voluntary deposit undertaking (registration);
- inform the office of the Court of Québec of changes in your contact information or in the information given in your voluntary deposit file (change);
- update yearly the information given in your voluntary deposit file (yearly update).

For further information, as well as the contact information for courthouses in the province of Québec, consult the [list of courthouses](#) on the website of the ministère de la Justice.

### TYPES OF FORMS

This form is available in dynamic PDF format, meaning the form can be downloaded from [www.justice.gouv.qc.ca](http://www.justice.gouv.qc.ca) and completed directly on screen.

- Dynamic PDF:

After completing the form, you must print it on letter-sized paper, i.e. 8.5 inches by 11 inches (215.9 mm by 279.4 mm). Be sure to set your printer to this paper size.

- Paper:

If you complete the form by hand, please write legibly in block letters.

### PROCEDURE

Once the form is completed, keep a copy for your files. You must then send the declaration to the office of the courthouse:

- in your district (in the case of a voluntary deposit undertaking);
- or
- where the file was initially opened (in the case of a change or yearly update).

The clerk of the Court will then ensure the follow-up of your case with your creditors.

# DECLARATION BY VOLUNTARY DEPOSIT DEBTOR

## GENERAL INFORMATION

Before completing the form, it is preferable to consult the folder concerning voluntary deposit and the website of the ministère de la Justice at [www.justice.gouv.qc.ca](http://www.justice.gouv.qc.ca) for full information on voluntary deposit.

As soon as you have made a voluntary deposit undertaking, it is your responsibility to:

- notify the clerk of any changes in your contact information or the information in your file;
- update the information in your file yearly; and
- check the annual indexation of the exemptions and their impact on the seizable portion of your income and modify your declaration, if applicable.

NOTE: When making a voluntary deposit undertaking (opening your file), you must enclose with your declaration a duly-completed form *List of Creditors / Voluntary Deposit*. This form can be obtained from the financial services office of the courthouse or the website of the ministère de la Justice at [www.justice.gouv.qc.ca](http://www.justice.gouv.qc.ca).

CHANGE OF ADDRESS: If your declaration of change or update concerns solely your contact information, please fill out only the sections "Identification of Debtor" and "Signature of Declaration".

## How to fill out this declaration

Please provide all the information requested in every required section, otherwise, the declaration will be returned to you. For any questions regarding the information to be provided in this declaration, do not hesitate to contact the clerk.

The numbers of the explanatory notes correspond to the sections of the form with the same numbers in frames.

## IDENTIFICATION OF DEBTOR AND BAILIFF

1. **Heading:** Enter the name of the judicial district and locality, and your file number. If you are making a voluntary deposit undertaking, the clerk of the Court will inform you of your file number.
2. **Type of declaration:** Check the box that corresponds to your situation:
  - **Registration:** You wish to make a voluntary deposit undertaking and open your file.
  - **Change:** You have already made a voluntary deposit undertaking and you wish to inform the clerk of a change in your situation or information (for example: new address, change in salary, etc.).
  - **Yearly update:** You wish to update your information, or you received a notice from the clerk requiring you to do the yearly update of your file.
3. **Identification of debtor:** Enter your name, full address and telephone number.
4. **Identification of bailiff:** Enter the name, address and telephone number of the bailiff or the bailiff's office if execution measures were undertaken against you by a bailiff.

## SOURCES OF INCOME

The following are not included in the debtor's income: child support; support declared to be exempt from seizure; employer contributions to a retirement, insurance or social security fund; the value of food and lodging provided or paid by the employer for work-related travel.

5. **Employer 1:** Enter the name and address of your employer. Enter on the appropriate lines your monthly gross / pre-tax salary as well as other monthly benefits in money, kind or services obtained from that employer, and be specific as to nature of the benefits (for example: tips). Add those income figures, enter the total obtained and copy that amount on the "Monthly Income" line in the right-hand column.  
**Employer 2:** To enter a second employer, follow the instructions in the preceding paragraph.

6. **Other sources of income:** Enter the name and address of all your other sources of income (for example: retirement benefit, income replacement indemnity, annuity) and the monthly gross / pre-tax income from those sources on the “Monthly Income” line in the right-hand column.
7. **Self-employed worker:** If you are a self-employed worker, describe the nature of your employment and enter the address of your place of work if it differs from your personal address. Enter the amount of your monthly gross / pre-tax income and the expenses incurred to earn it. Subtract the expenses and copy the result on the “Monthly Income” line in the right-hand column.

To enter other employers or sources of income, use an additional sheet and enter the names and addresses of those employers or sources of income as well as all monthly income from those sources.

#### CALCULATION OF THE SEIZABLE PORTION OF INCOME

8. **Total monthly income:** Add all your monthly income figures entered in the right-hand column of the “Sources of Income” section (also include all your income indicated on any additional sheets and enter the sum on line A).
9. **Monthly exemptions:** Enter the number of your dependants on the appropriate line. Also enter on line B the amount corresponding to the monthly exemptions you are entitled to.
10. **Subtotal:** Subtract (A – B) and enter the remainder on line C. If the result is negative, enter \$ 0.
11. **Seizure percentage:** Check the seizure percentage that applies to your situation. The percentage is 50% if you pay a support debt or make support payments. In other cases, the percentage is 30%. Multiply (C x seizure percentage) and enter the product on line D.
12. **Seizable portion of the monthly income:** If you are a support debtor and the support is withheld, paid or seized under the Act to facilitate the payment of support (i.e. the support is deducted directly from your income and administered by the Minister of Revenue), enter the monthly amount withheld, paid or seized by the collector of support on line E. If you are not a support debtor subject to the Act to facilitate the payment of support, enter \$ 0 on line E.  
Subtract (D – E) and enter the remainder on line F. The remainder corresponds to the seizable portion of your monthly income.

#### UNDERTAKING BY VOLUNTARY DEPOSIT DEBTOR

13. **Undertaking:** Enter the monthly amount you undertake to pay under voluntary deposit. The amount cannot be less than the seizable portion of your monthly income, i.e. the amount shown on line F.

If you are filing a declaration of change or of yearly update of your contact information or the information in your file, with no impact on the calculation of the seizable portion of your income, do not enter anything in the undertaking section.

#### SIGNATURE OF DECLARATION

14. **Signature of declaration:** Enter the place and date and sign the declaration. A declaration deemed sworn has the same force and effect as if it were sworn.

**1** District:  
Locality:  
File No.:

**DECLARATION BY VOLUNTARY DEPOSIT DEBTOR**

**2**  Registration  Change  Yearly update

**3** **IDENTIFICATION OF DEBTOR**

Given name	Surname	
Address and postal code		Telephone number

**4** **IDENTIFICATION OF BAILIFF (if applicable)**

Name of bailiff or bailiff's office	(Reserved for clerk) Code of person involved
Address and postal code	Telephone number

**SOURCES OF INCOME**

**5** **Employer 1**

Name of employer	Address	
Monthly salary:	\$ _____	Monthly Income \$ _____
Other monthly benefits (for example: tips):	+ \$ _____	
Please specify: _____	= \$ <input type="text"/> →	

**5** **Employer 2**

Name of employer	Address	
Monthly salary:	\$ _____	Monthly Income \$ _____
Other monthly benefits (for example: tips):	+ \$ _____	
Please specify: _____	= \$ <input type="text"/> →	

**6** **Other sources of income**

Name and address of income source	Monthly Income \$ _____
Name and address of income source	\$ _____

**7** **Self-employed worker**

Description of employment	Address of workplace	
Monthly income:	\$ _____	Monthly Income \$ _____
Expenses incurred:	- \$ _____	
Total:	= \$ <input type="text"/> →	

**CALCULATION OF SEIZABLE PORTION OF INCOME**

<b>8</b>	<b>Total monthly income</b> (add all your monthly income figures)  Number of dependants: _____	(A) \$ _____  -
<b>9</b>	Amount of monthly exemptions (in accordance with exemptions table)	(B) \$ _____
<b>10</b>	<b>SUBTOTAL (A – B)</b> (if the remainder is negative, enter \$ 0)	(C) \$ _____
<b>11</b>	<b>Seizure percentage</b>  Seizure percentage (%): <input type="checkbox"/> 30% <input type="checkbox"/> 50% <b>SUBTOTAL (C x seizure %)</b>	(D) \$ _____
<b>12</b>	<b>Seizable portion of monthly income</b>  <b>If you are a support debtor AND the support you pay is deducted directly from your income and administered by the Minister of Revenue, you must subtract from the seizable portion of your income the monthly amount thus withheld, paid or seized.</b>  Monthly support withheld by the Minister of Revenue (enter \$ 0 if non-applicable):	(E) \$ _____  <b>TOTAL (D – E)</b> (F) \$ _____

**13      UNDERTAKING BY VOLUNTARY DEPOSIT DEBTOR**

The debtor's undertaking to regularly pay an amount of money must be greater than \$0.00, AND cannot be less than the seizable portion of his or her monthly income, i.e. the amount on line F above.

I undertake to pay to the office of the Court of Québec a monthly amount of \$ \_\_\_\_\_, that amount not being less than the seizable portion of my income.

I also undertake to:

- report any change in the information in my declaration within 10 days following the change;
- update my information every year.

**14      SIGNATURE OF DECLARATION**

This declaration is deemed sworn.

At \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Signature of debtor