



SEARCH REQUEST FORM

(for information about yourself contained in the Family Orders and Agreement Enforcement Assistance (FOAEA) Unit database)

Use this form to ask for information about yourself as a debtor named in an FOAEA application. You can also get that information by calling 1-800-267-7777. If you are looking for someone else's information, you must use the search request and consent form (to obtain information contained in the FOAEA Unit database about an individual other than yourself). If you are seeking general information, visit the Department of Justice's Family Law website at: <http://canada.justice.gc.ca/eng/index.html>

INSTRUCTIONS

1. The information you provide must be accurate. (Do not add an estimated date or uncertain information.)
2. Please type or print when you fill in the form.
3. Return the completed and signed form to: Family Orders and Agreements Enforcement Assistance Unit, Family Law Assistance Services, Department of Justice Canada, 284 Wellington Street, Ottawa, Ontario K1A 0H8.

Information about you

Your name : (First name) _____ (Second name) _____ (Surname) _____	
Your current address: _____ _____	
Your mailing address if different from above (e.g. a post box number): _____ _____	
Your date of birth: _____ (yyyy/mm/dd)	Telephone (day): _____
Your social insurance number: _____	FOAEA reference number: _____
Maintenance Enforcement Program (MEP) file number: _____	

Information requested

1. Status of the file <input type="checkbox"/>	3. Name and contact information for the provincial/territorial MEP who made the FOAEA application <input type="checkbox"/>
2. Copy of statement of account <input type="checkbox"/>	4. Other, please specify: <input type="checkbox"/> _____ _____

How would you like the FOAEA Unit to respond to this request?

<input type="checkbox"/> By Phone	<input type="checkbox"/> In writing sent by regular mail
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Your signature _____	Date of signature: (yyyy/mm/dd) _____
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For administrative use only

Information disclosed (check all that apply):	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> specify _____
Name of person spoken to: _____	FOAEA Agent initials: _____ Date: _____

****Voir de l'autre côté pour le formulaire en français.**