# Form FD1

20 No.

Supreme Court of Nova Scotia

(Family Division)

Between: [copy standard heading]

 [name] Applicant/Petitioner

and

 [name] Respondent

 **Statement of Contact Information and Circumstances**

**of [name] prepared on [date]**

[Please complete all sections regarding your case. Please print in ink. You may discuss the shaded sections for contact information and service directions with a court officer before completing these sections.]

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| **Section A** | **Information about you.** **(APPLICANT)** | **Information about the person against whom you are making this application. (RESPONDENT)** |

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| **Name** | Last Name: First Name: Middle Name: Previous Names: Other Names, Alias, etc.: ……..……………..……………………………..………………… | Last Name: First Name: Middle Name: Previous Names: Other Names, Alias, etc.: ………………...….…………………………………...…………... |
| **Prefix** | ☐ Mr. ☐ Ms. ☐ Other: …….………… | ☐ Mr. ☐ Ms. ☐ Other: ….…………… |
|  **Gender** | ☐ Male ☐ Female ☐ Other | ☐ Male ☐ Female ☐ Other |
| **Birth Date** | Day\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_ | Day\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_ |
| **Telephone****Email****Fax** | Home Business Message Other Email Fax  | Home Business Message Other Email Fax  |
| **Address** | P.O. Box Apt. No. Street City/Town Province Postal Code Special Directions to Accommodate Service of Documents:   | P.O. Box Apt. No. Street City/Town Province Postal Code Special Directions to Accommodate Service of Documents:   |
| **Legal Counsel** | ☐ Yes ☐ No ☐ Maybe If yes:Lawyer’s Name: Firm Name: Address:  Phone: Email: Fax:  | ☐ Yes ☐ No ☐ Maybe If yes:Lawyer’s Name: Firm Name: Address:  Phone: Email: Fax:  |
| **Current Marital Status** | ☐ Married☐ Divorced☐ Separated☐ Spousal or Common law relationship☐ Single | ☐ Married☐ Divorced☐ Separated☐ Spousal or Common law relationship☐ Single |
| **Income** | ☐ Employment Income (salary/wages) ☐ Commission/Bonuses/Overtime☐ Self-employed☐ Income from a Partnership/Corporation☐ Employment Insurance☐ Social Assistance/Family Benefits☐ Worker's Compensation☐ Pension Income☐ Income from a Trust☐ Other Explain:  | ☐ Employment Income (salary/wages) ☐ Commission/Bonuses/Overtime☐ Self-employed☐ Income from a Partnership/Corp oration☐ Employment Insurance☐ Social Assistance/Family Benefits☐ Worker's Compensation☐ Pension Income☐ Income from a Trust☐ Other Explain:  |
| **Occupation** | Occupation  **Employer Information**Name: Address:  Phone Number: Email: Fax: ☐ Other Places of Employment  | Occupation  **Employer Information**Name: Address:  Phone Number: Email: Fax: ☐ Other Places of Employment ………………………………………… |

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| **Section B** | **Relationship Between Applicant and Respondent** |
| ☐ Married Date of Marriage:   Date of Separation: ☐ Spousal or Common Law  Date spousal or common law relationship began:   Date of Separation: ☐ Divorced  Date of Divorce Order: ☐ Single☐ Parent of Applicant's Child☐ OtherExplain: …………………………………………………………………………………………………………. |

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| **Section C** | **List below the full names and dates of birth of all children who are the subject of this Application.** |

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| --- | --- | --- | --- | --- |
| **Last Name** | **Given Names****(underline name used)** | **Date of Birth** | **Gender****(M/F/****Other)** | **Presently Living With:** |

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| **Section D** | **Most Recent Court Order or Written Agreement** |

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| Most Recent Court Order (if any):  Date Issued:   Court:   File Number: Most Recent Written Agreement (if any):  Date: Other Court Proceedings (if any): Type: ……………………………………………………………………………………………………….  Court: ……………………………………………………………………………………………………… File number: ……………………………………………………………………………………………….. |

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| **Section E** | **Accessibility requests** |
| Do you have any language, communication, or health needs that require accommodation? Yes ☐ No ☐If yes, please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Signature**

Signed on [date] , 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 Print name: