# Form FD 1

20 No.

**Supreme Court of Nova Scotia**

**(Family Division)**

Between:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant/Petitioner

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent

**Statement of Contact Information and Circumstances**

**of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_prepared on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Judgment:  ☐ Single  ☐ Parent of Applicant's Child  ☐ Other  Explain: …………………………………………………………………………………………………………. | |

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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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

Signed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_