Ontario Ministry of the Attorney General Court Services Division

Request to Pay Money into or out of Court – Family

Court File No. _____

To the Accountant of the Superior Court of Justice or the Clerk of the Family Court:

My name is _____ .
(Full name)

I live at _____ .
(Address (street and number, unit, municipality, province, and postal code))

I wish to have money:

☐ paid into court. I have completed Section A below.

☐ paid out of court. I have completed Section B below.

Section A: Request to pay money into court

☐ I am paying money into court because a judge ordered me to. A copy of the court order stamped with the court's red seal is attached.

_____ _____
Signature Date

** A request to pay into court does not need to be sworn/affirmed before a commissioner for taking affidavits.*

Section B: Request to have money paid out of court and supporting affidavit

For payments that are to be made based on a court order:

I ask that $ _____ be paid out to:

☐ me (payment will be sent to the address above); or

☐ _____ , who lives at _____
(Name of other person named in court order) (Address (street and number, unit, municipality, province, and postal code))

☐ I confirm that the time for seeking an appeal of the order has ended and that there is no appeal outstanding that has not yet been resolved.

A certified or original copy of the court order is attached.

For payments that are based on the consent of the parties:

I agree that $ _____ will be paid to:

☐ me (payment will be sent to the address above); or

☐ _____ , who lives at _____
(Name of other person who will receive the funds) (Address (street and number, unit, municipality, province, and postal code))

☐ I confirm that neither myself nor the person who is to receive the payment is a special party or a child who is under the age of 18.

Attach a copy of photo identification for yourself to this form, as well as proof of your date of birth and current address.

Sworn/Affirmed before me at _____
(Municipality)

in _____
(Province, state or country)

on _____ , 20 ____ _____
Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

_____
Signature
(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)

WARNING: IT IS AN OFFENCE UNDER THE *CRIMINAL CODE* TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.