

**Supreme Court of Nova Scotia
(Family Division)**

Between:

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.

Section A	Information about you. (APPLICANT)	Information about the person against whom you are making this application. (RESPONDENT)
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		
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/Corporation 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
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:

Section C		List below the full names and dates of birth of all children who are the subject of this Application.		
Last Name	Given Names (underline name used)	Date of Birth	Gender (M/F/ Other)	Presently Living With:

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:

Section E	Accessibility requests
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Do you have any language, communication, or health needs that require accommodation?

Yes No

If yes, please explain: _____

Signed on _____

By: _____

Print Name: _____