



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this information should be directed to your local Employment and Assistance Office.

CANADA REVENUE AGENCY

Address
City Postal Code

Court File Number
Level of Court
Location of Court
FMP File Number

RESPONDENT / APPLICANT

Full Legal Name
Full Address for Service - Street and Number
Municipality Postal Code
Telephone Fax Number
Email Address (iff applicable)

Lawyer's Name (if applicable)
Address - Street and Number
Municipality Postal Code
Telephone Fax Number
Email Address (if applicable)

TO THE CANADA REVENUE AGENCY:

My name is (full legal name):

My latest address shown on tax record is:

My social insurance number is:

I authorize the Canada Revenue Agency to release income and deduction printouts showing my income as assessed by the Canada Revenue Agency for the following years:
Note: You have the right to seek legal advice before responding to this form/letter.

Please release the information to:

The Supreme Court Family Rules and the Provincial Court (Family) Rules require release of income tax information for applications to:
- Obtain or vary support or
- Any other purpose ordered by the court
The information will be used only for a purpose noted above. I understand that the information may become part of the court file, which may be accessed by the parties, their lawyers, a family justice counsellor or a person authorized by a judge.

Date of Signature Signature of Respondent / Applicant