

REPLYING TO AN APPLICATION FILED BY AN APPLICANT OR RESPONDENT

RULE 3(1) AND (5)

What are a respondent's options?

A respondent who receives an application (or an applicant who receives a reply which includes an application from the respondent) may do any one of the following:

- consent to one or more of the orders requested in the application;
- disagree with anything claimed in the application, stating the reasons for the disagreement;
- apply to the court for any of the following orders:
 - Guardianship;
 - allocation of parental responsibilities;
 - parenting time;
 - child support;
 - a change in or suspension or termination of an earlier order;
 - an order to set aside or replace an agreement;
 - an order that arrears of support be reduced or cancelled;
 - an order for retroactive support;
 - a protection order;
 - any other order a judge is authorized to make;
 - contact with a child; or
 - spousal support.

Step 1

Complete the Reply. Separate the 2 pages of the form before beginning to complete it. Use a typewriter or print clearly and firmly. If you accessed the form from the Ministry of Justice website, you may also complete it at a computer and then print it. **Make 3 photocopies** of any documents you are filing along with the reply.



Step 2

File the Reply by taking or mailing it and any accompanying documents to the court registry shown on the application. There is no filing fee in the Provincial Family Court. Make sure you file 3 copies of each document, as well as the original.

Registry staff will apply a date stamp to each document, and return a copy to you for your records (and to serve on the respondent, if you are the applicant).

The reply must be filed in the registry within 30 days after you were served with the application. If you do not file a reply, you will not be notified regarding any part of the proceedings. The judge may make the order sought by the applicant in your absence.



Step 3

If you are the respondent:

The court registry will send a copy of your reply to the other party(s). You will receive a notice telling you the date and place of the first appearance hearing.

If you are the applicant, you must **Serve** the respondent with your reply, and if applicable and unless you have already served them, with your financial statement and any accompanying financial documents.

This may be done:

- by mail to the party's most recent address for service filed with the registry;
- by fax, if the fax number is included in the address for service provided by that party. You must use the special fax cover page, which the registry can give you;
- by email, if the email address is included in the address for service provided by that party;
- by leaving the reply with the other party's lawyer; or
- by having another person, at least 19 years of age, leave the reply with the party. These last 2 methods are called personal service.



Step 4

Conferences and trial In some cases, the trial will be scheduled next, but in most cases (other than those that only involve claims for support) the judge may order a family case conference and/or a trial preparation conference to be held first. These are informal proceedings held before a judge, who may make many of the same types of orders as can be made at a trial.

A **family case conference** attempts to narrow and clarify the issues to be tried, and to explore whether options such as mediation are appropriate for the case. In some cases, the parties may agree to a consent order, so the case never goes to trial.

A **trial preparation conference** ensures that the parties are ready to present their cases at trial, and identifies how long the trial will take and how many witnesses will be called.

A **trial** is a formal and structured hearing where a judge makes decisions about any issues that the parties still do not agree upon. It is held in a courtroom, and the parties must make their arguments and present their evidence in a certain order. You may wish to attend another family court trial as a spectator, to get an idea of what happens in the courtroom, before your case goes to trial.

Court File No.

Record the court file number and court location shown on the application.

**Case Name:**

Record the names of the parties exactly as they appear on the application.

**To:**

Use the applicant's address for service exactly as it appears on the application. (If you are an applicant replying to a reply filed by the respondent, use the respondent's address for service as it appears on that reply.)

**From:**

This is where you provide your address for service. Give an address where notices and other documents can be sent to you. If you include a fax number, the other party and the court registry may serve documents on you by fax. If this address changes at any time, you must file a notice of change of address with the court registry and serve a copy of it on the other party. **Important note:** *If you do not want the other party to know your residential address, advise the Court Registry in writing and provide another address at which you can receive information and notices. Failure to accept service at address provided could result in a final order being made in your absence.*

Agreement with the application:

If you agree with all or part of the orders requested in the other party's application indicate by checking the appropriate box(es), and fill in any required information.

**Disagreement with the application:**

Here you must indicate the reasons why you oppose the other party's application. You do not need to tell everything about your case here. You must tell just enough to indicate to the other party and the court what parts of the application you disagree with, and why.



REPLY

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name
Name of parties as they appear on the application.

In the case between:

NAME

And:

NAME

Other party's address for service.

To:

NAME

APPLICANT

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

E-MAIL

FAX

Your current mailing address for service.

From:

NAME

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

RESPONDENT

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

E-MAIL

FAX

What part(s) of the application do you agree with?
Check the appropriate box(es) and fill in any required information.

IMPORTANT NOTE TO APPLICANT:

If the respondent's reply includes a claim for support, you, the original applicant, are required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid. The respondent has estimated your gross annual income as set out in item 2 below.

Agreement with application:

I agree with the request(s) of the applicant for:

- | | |
|---|---|
| <input type="checkbox"/> guardianship | <input type="checkbox"/> child support |
| <input type="checkbox"/> parenting time | <input type="checkbox"/> a change in or suspension or termination of an earlier order dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> spousal support | <input type="checkbox"/> an order to set aside or replace an agreement dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> an order that arrears of support be reduced or cancelled | <input type="checkbox"/> other order (specify) _____ |
| <input type="checkbox"/> an order for retroactive support | |
| <input type="checkbox"/> protection order | |
| <input type="checkbox"/> contact with a child | |
| <input type="checkbox"/> allocation of parental responsibilities | |

I wish to make the following comments regarding the request(s) even though I agree:

What part(s) of the application do you disagree with?

Disagreement with application:

I disagree with the request(s) of the applicant for:

- | | |
|---|---|
| <input type="checkbox"/> guardianship | <input type="checkbox"/> child support |
| <input type="checkbox"/> parenting time | <input type="checkbox"/> a change in or suspension or termination of an earlier order dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> spousal support | <input type="checkbox"/> an order to set aside or replace an agreement dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> an order that arrears of support be reduced or cancelled | <input type="checkbox"/> other order (specify) _____ |
| <input type="checkbox"/> an order for retroactive support | |
| <input type="checkbox"/> protection order | |
| <input type="checkbox"/> contact with a child | |
| <input type="checkbox"/> allocation of parental responsibilities | |

I disagree because:

Explain why you disagree with the request(s).

REPLY

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name

In the case between:

NAME
And:
NAME

To: **APPLICANT**

NAME
ADDRESS FOR SERVICE CITY PROVINCE
POSTAL CODE PHONE E-MAIL FAX

From: **RESPONDENT**

NAME
(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)
ADDRESS FOR SERVICE CITY PROVINCE
POSTAL CODE PHONE E-MAIL FAX

Other party's address for service.

What part(s) of the application does the other party agree with?

IMPORTANT NOTE TO APPLICANT:
If the respondent's reply includes a claim for support, you, the original applicant, are required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid. The respondent has estimated your gross annual income as set out in item 2 below.

Agreement with application:
I agree with the request(s) of the applicant for:

<input type="checkbox"/> guardianship	<input type="checkbox"/> child support
<input type="checkbox"/> parenting time	<input type="checkbox"/> a change in or suspension or termination of an earlier order dated <small>(MMM / DD / YYYY)</small> _____
<input type="checkbox"/> spousal support	<input type="checkbox"/> an order to set aside or replace an agreement dated <small>(MMM / DD / YYYY)</small> _____
<input type="checkbox"/> an order that arrears of support be reduced or cancelled	<input type="checkbox"/> other order (specify) _____
<input type="checkbox"/> an order for retroactive support	
<input type="checkbox"/> protection order	
<input type="checkbox"/> contact with a child	
<input type="checkbox"/> allocation of parental responsibilities	

I wish to make the following comments regarding the request(s) even though I agree:

What part(s) of the application do you disagree with?

Disagreement with application:
I disagree with the request(s) of the applicant for:

<input type="checkbox"/> guardianship	<input type="checkbox"/> child support
<input type="checkbox"/> parenting time	<input type="checkbox"/> a change in or suspension or termination of an earlier order dated <small>(MMM / DD / YYYY)</small> _____
<input type="checkbox"/> spousal support	<input type="checkbox"/> an order to set aside or replace an agreement dated <small>(MMM / DD / YYYY)</small> _____
<input type="checkbox"/> an order that arrears of support be reduced or cancelled	<input type="checkbox"/> other order (specify) _____
<input type="checkbox"/> an order for retroactive support	
<input type="checkbox"/> protection order	
<input type="checkbox"/> contact with a child	
<input type="checkbox"/> allocation of parental responsibilities	

I disagree because:

REPLY

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name

In the case between:

NAME

And:

NAME

To:

APPLICANT

NAME

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

E-MAIL

FAX

From:

NAME

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

RESPONDENT

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

E-MAIL

FAX

Other party's address for service.

IMPORTANT NOTE TO APPLICANT:

If the respondent's reply includes a claim for support, you, the original applicant, are required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid. The respondent has estimated your gross annual income as set out in item 2 below.

Agreement with application:

I agree with the request(s) of the applicant for:

- | | |
|---|--|
| <input type="checkbox"/> guardianship | <input type="checkbox"/> child support |
| <input type="checkbox"/> parenting time | <input type="checkbox"/> a change in or suspension or termination of an earlier order dated <small>(MMM / DD / YYYY)</small> _____ |
| <input type="checkbox"/> spousal support | <input type="checkbox"/> an order to set aside or replace an agreement dated <small>(MMM / DD / YYYY)</small> _____ |
| <input type="checkbox"/> an order that arrears of support be reduced or cancelled | <input type="checkbox"/> other order (specify) _____ |
| <input type="checkbox"/> an order for retroactive support | |
| <input type="checkbox"/> protection order | |
| <input type="checkbox"/> contact with a child | |
| <input type="checkbox"/> allocation of parental responsibilities | |

I wish to make the following comments regarding the request(s) even though I agree:

What part(s) of the application does the other party agree with?

Disagreement with application:

I disagree with the request(s) of the applicant for:

- | | |
|---|--|
| <input type="checkbox"/> guardianship | <input type="checkbox"/> child support |
| <input type="checkbox"/> parenting time | <input type="checkbox"/> a change in or suspension or termination of an earlier order dated <small>(MMM / DD / YYYY)</small> _____ |
| <input type="checkbox"/> spousal support | <input type="checkbox"/> an order to set aside or replace an agreement dated <small>(MMM / DD / YYYY)</small> _____ |
| <input type="checkbox"/> an order that arrears of support be reduced or cancelled | <input type="checkbox"/> other order (specify) _____ |
| <input type="checkbox"/> an order for retroactive support | |
| <input type="checkbox"/> protection order | |
| <input type="checkbox"/> contact with a child | |
| <input type="checkbox"/> allocation of parental responsibilities | |

I disagree because:

What part(s) of the application do you disagree with?

REPLY

In the Provincial Court of British Columbia

COURT FILE NO.:
COURT LOCATION:
FMEP NO.:

Case name
Name of parties as they appear on the application.

In the case between:

NAME

And:

NAME

Other party's address for service.

To:

NAME

APPLICANT

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

E-MAIL

FAX

From:

NAME

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

RESPONDENT

ADDRESS FOR SERVICE

CITY

PROVINCE

POSTAL CODE

PHONE

E-MAIL

FAX

Your current mailing address for service.

IMPORTANT NOTE TO APPLICANT:

If the respondent's reply includes a claim for support, you, the original applicant, are required to file financial information. If you do not, the court may attribute income to you and set the amount of support to be paid. The respondent has estimated your gross annual income as set out in item 2 below.

Agreement with application:

I agree with the request(s) of the applicant for:

- | | |
|---|---|
| <input type="checkbox"/> guardianship | <input type="checkbox"/> child support |
| <input type="checkbox"/> parenting time | <input type="checkbox"/> a change in or suspension or termination of an earlier order dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> spousal support | <input type="checkbox"/> an order to set aside or replace an agreement dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> an order that arrears of support be reduced or cancelled | <input type="checkbox"/> other order (specify) _____ |
| <input type="checkbox"/> an order for retroactive support | _____ |
| <input type="checkbox"/> protection order | |
| <input type="checkbox"/> contact with a child | |
| <input type="checkbox"/> allocation of parental responsibilities | |

I wish to make the following comments regarding the request(s) even though I agree:

What part(s) of the application do you agree with?

Check the appropriate box(es) and fill in any required information.

Disagreement with application:

I disagree with the request(s) of the applicant for:

- | | |
|---|---|
| <input type="checkbox"/> guardianship | <input type="checkbox"/> child support |
| <input type="checkbox"/> parenting time | <input type="checkbox"/> a change in or suspension or termination of an earlier order dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> spousal support | <input type="checkbox"/> an order to set aside or replace an agreement dated _____
<small>(MMM / DD / YYYY)</small> |
| <input type="checkbox"/> an order that arrears of support be reduced or cancelled | <input type="checkbox"/> other order (specify) _____ |
| <input type="checkbox"/> an order for retroactive support | _____ |
| <input type="checkbox"/> protection order | |
| <input type="checkbox"/> contact with a child | |
| <input type="checkbox"/> allocation of parental responsibilities | |

I disagree because:

What part(s) of the application do you disagree with?

Explain why you disagree with the request(s).

If you are the respondent, and if you wish to apply for one or more orders, this page is where you request these order(s). You must tell just enough about your case to let the other party and the court know what your application is about.

Fill in the required information for any child(ren) to whom your application applies.

Counterclaims (Respondent's own application):

COURT FILE NO.:
COURT LOCATION:

I wish to make application for the following:

- guardianship, parenting time, spousal support, an order that arrears of support be reduced or cancelled, an order for retroactive support, protection order, contact with a child, allocation of parental responsibilities, child support, a change in or suspension or termination of an earlier order dated, an order to set aside or replace an agreement dated, other order (specify)

1. Children

Table with columns for NAME(S) OF CHILD(REN), BIRTHDATE(S) (MMM DD YYYY), and NAME(S) OF CHILD(REN) with multiple rows for entry.

2. Support (complete if you are asking for child or spousal support)

The current support arrangements are:

Blank lines for describing current support arrangements.

I believe that the applicant's gross annual income is \$ _____ because

Blank lines for explaining the applicant's gross annual income.

I am asking for: (complete only if you are asking for child support)

- support in the amount set out in the Child Support Guidelines for _____ children, special or extraordinary expenses, as follows:

Blank line for describing special or extraordinary expenses.

I am asking for: (complete only if you are asking for retroactive child support or retroactive spousal support)

- child support retroactive to _____ because:, spousal support retroactive to _____ because:

3. Protection Order (complete if you are asking for a protection order)

I am asking for an order in the following terms: _____

Blank lines for describing the terms of the protection order.

Sign your name and state today's date.

State name of lawyer, if any.

Dated _____ (MMM / DD / YYYY), Signature box, Name of respondent's lawyer

If the respondent in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____ (MMM / DD / YYYY), Signature box, Signature of lawyer

Type or print name

What is the other party asking for?

Counterclaims (Respondent's own application):

COURT FILE NO.:

COURT LOCATION:

I wish to make application for the following:

- guardianship
- parenting time
- spousal support
- an order that arrears of support be reduced or cancelled
- an order for retroactive support
- protection order
- contact with a child
- allocation of parental responsibilities
- child support
- a change in or suspension or termination of an earlier order dated _____ (MMM / DD / YYYY)
- an order to set aside or replace an agreement dated _____ (MMM / DD / YYYY)
- other order (specify) _____

1. Children

NAME(S) OF CHILD(REN)	BIRTHDATE(S) MMM DD YYYY	NAME(S) OF CHILD(REN)	BIRTHDATE(S) MMM DD YYYY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Support (complete if you are asking for child or spousal support)

The current support arrangements are:

I believe that the applicant's gross annual income is \$ _____ because

I am asking for: (complete only if you are asking for child support)

- support in the amount set out in the Child Support Guidelines for _____ children
Number
- special or extraordinary expenses, as follows:

I am asking for: (complete only if you are asking for retroactive child support or retroactive spousal support)

- child support retroactive to _____ (MMM / DD / YYYY) because:
- spousal support retroactive to _____ (MMM / DD / YYYY) because:

3. Protection Order (complete if you are asking for a protection order)

I am asking for an order in the following terms: _____

Dated _____ (MMM / DD / YYYY)

Name of respondent's lawyer

Signature

If the respondent in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
- b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____ (MMM / DD / YYYY)

Type or print name

Signature of lawyer

What is the other party asking for?

Counterclaims (Respondent's own application):

COURT FILE NO.:

COURT LOCATION:

I wish to make application for the following:

- guardianship
- parenting time
- spousal support
- an order that arrears of support be reduced or cancelled
- an order for retroactive support
- protection order
- contact with a child
- allocation of parental responsibilities
- child support
- a change in or suspension or termination of an earlier order dated _____ (MMM / DD / YYYY)
- an order to set aside or replace an agreement dated _____ (MMM / DD / YYYY)
- other order (specify) _____

1. Children

NAME(S) OF CHILD(REN)	BIRTHDATE(S) MMM DD YYYY	NAME(S) OF CHILD(REN)	BIRTHDATE(S) MMM DD YYYY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Support (complete if you are asking for child or spousal support)

The current support arrangements are:

I believe that the applicant's gross annual income is \$ _____ because

I am asking for: (complete only if you are asking for child support)

- support in the amount set out in the Child Support Guidelines for _____ children
Number
- special or extraordinary expenses, as follows: _____

I am asking for: (complete only if you are asking for retroactive child support or retroactive spousal support)

- child support retroactive to _____ (MMM / DD / YYYY) because: _____
- spousal support retroactive to _____ (MMM / DD / YYYY) because: _____

3. Protection Order (complete if you are asking for a protection order)

I am asking for an order in the following terms: _____

Dated _____ (MMM / DD / YYYY)

Name of respondent's lawyer

Signature

If the respondent in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
- b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____ (MMM / DD / YYYY)

Type or print name

Signature of lawyer

If you are the respondent, and if you wish to apply for one or more orders, this page is where you request these order(s). You must tell just enough about your case to let the other party and the court know what your application is about.

Fill in the required information for any child(ren) to whom your application applies.

Counterclaims (Respondent's own application):

COURT FILE NO.:
COURT LOCATION:

I wish to make application for the following:

- guardianship
parenting time
spousal support
an order that arrears of support be reduced or cancelled
an order for retroactive support
protection order
contact with a child
allocation of parental responsibilities
child support
a change in or suspension or termination of an earlier order dated
an order to set aside or replace an agreement dated
other order (specify)

1. Children

Table with columns for NAME(S) OF CHILD(REN), BIRTHDATE(S) (MMM DD YYYY), and NAME(S) OF CHILD(REN). Includes lines for entering child information.

2. Support (complete if you are asking for child or spousal support)

The current support arrangements are:

Blank lines for describing current support arrangements.

I believe that the applicant's gross annual income is \$ _____ because

Blank lines for explaining the applicant's gross annual income.

I am asking for: (complete only if you are asking for child support)

- support in the amount set out in the Child Support Guidelines for _____ children
special or extraordinary expenses, as follows:

Blank line for describing special or extraordinary expenses.

I am asking for: (complete only if you are asking for retroactive child support or retroactive spousal support)

- child support retroactive to _____ because:
spousal support retroactive to _____ because:

3. Protection Order (complete if you are asking for a protection order)

I am asking for an order in the following terms:

Blank lines for describing the terms of the protection order.

Sign your name and state today's date.

State name of lawyer, if any.

Dated _____ (MMM / DD / YYYY)
Name of respondent's lawyer
Signature

If the respondent in this proceeding is represented by a lawyer, the lawyer must complete the following certificate.

LAWYER'S CERTIFICATE (FAMILY LAW ACT, s. 8 (2))

I, _____, lawyer for _____ certify that,

in accordance with section 8 (2) of the Family Law Act, I have

- a) discussed with the party the advisability of using various types of family dispute resolution to resolve the matter, and
b) informed the party of the facilities and other resources, known to me, that may be available to assist in resolving the dispute.

Dated _____ (MMM / DD / YYYY)
Signature of lawyer

Type or print name

Complete this affidavit if personal service was successful.

If you served the reply on the back of this page together with another document(s), you need to complete only one affidavit of personal service, listing all documents served on the person named.

Check box(es) for each document served, and name the document. Make sure you mark each attached document with the correct Exhibit letter.

If you must make a correction, or cross anything out, please initial.

This section must be sworn or affirmed before a Commissioner for Taking Affidavits.

AFFIDAVIT OF PERSONAL SERVICE (FORM 5)

In the Provincial Court of British Columbia

I swear or affirm that I _____ NAME _____ OCCUPATION _____
of _____ ADDRESS _____ personally served _____ NAME OF PERSON SERVED _____
on _____ DATE _____ at _____ ADDRESS _____

with a copy of the following documents:

- the reply on the reverse of this page
- EXHIBIT " _____ "
- EXHIBIT " _____ "
- EXHIBIT " _____ "
- EXHIBIT " _____ "
- blank reply form
- blank financial statement form

The party was identified to me in this manner:

- I know the person
- He/she admitted to being this person.
- Other (specify) _____

Sworn or affirmed before me

at _____

British Columbia

DATE _____
on _____

Signature

A Commissioner for Taking Affidavits for British Columbia

Complete this affidavit if you served the reply by mail, by fax, E-Mail or by substituted service.

If you served several document(s), you need to complete only one affidavit of service, listing all documents served on the person named.

Check appropriate box(es) for each document served and name the document. Make sure you mark each attached document with the correct Exhibit letter.

If you must make a correction, or cross anything out, please initial.

This section must be sworn or affirmed before a Commissioner for Taking Affidavits.

AFFIDAVIT OF SERVICE (FORM 13)

In the Provincial Court of British Columbia

I swear or affirm that I _____ NAME _____ OCCUPATION _____
of _____ ADDRESS _____ served _____ NAME OF PERSON SERVED _____
on _____ DATE _____ at _____ ADDRESS _____

with a copy of the following documents:

- | | Name of document |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | the reply on the reverse of this page |
| <input type="checkbox"/> | EXHIBIT " _____ " |
| <input type="checkbox"/> | EXHIBIT " _____ " |
| <input type="checkbox"/> | EXHIBIT " _____ " |
| <input type="checkbox"/> | EXHIBIT " _____ " |
| <input type="checkbox"/> | blank reply form |
| <input type="checkbox"/> | blank financial statement form |

The party was served in this manner:

- Fax (attach a copy of Form 10)
- Mail
- E-Mail
- By substituted service as ordered by the court.

Sworn or affirmed before me

at _____

British Columbia

DATE _____
on _____

Signature

A Commissioner for Taking Affidavits for British Columbia