

AFFIDAVIT

Form 7

In the Provincial Court of British Columbia

Under the

Snuw'uy'ulhtst tu Quw'utsun Mustimuhw u' tu Shhw'a'luqwa'a' i' Smun'eem

[Laws of the Cowichan People for Families and Children]

REGISTRY FILE NUMBER

REGISTRY LOCATION

THE SMUN'EEM:

This is the name and birthdate of each Smun'eem involved.

In the matter of the Smun'eem

Name(s)

Date(s) of Birth (mm/dd/yyyy)

THE PARENT(S)/ CARE PROVIDER(S):

This is the name(s) of the parent(s)/care provider(s) of the Smun'eem listed above.

YOUR NAME:

This is the name and address of the person swearing the affidavit.

The parent(s)/care provider(s) of the Smun'eem is/are:

Name(s)

I, Name

of, Address

City

Prov.

swear that:

1. I know or firmly believe the following facts to be true. Where these facts are based on information from others, I have stated the source of that information and I firmly believe that information to be true.

2. I make this affidavit in relation to an application by ☐ me or by Name

3.

4.

5.

6.

I SWEAR:

By signing this affidavit, you are giving your oath that it is true. Paragraph 2: Is this affidavit being used in support of your own application, or is it for someone else?

If anything in your affidavit is based on information received from others, state the name of the person who provided the information. If you need more space, simply indicate that a page is attached. If so, put the oath (signature) section at the end of the last sheet.

SWORN BEFORE:

The affidavit must be sworn before a qualified person. You may do this at the registry.

Sworn before me

on Date

at British Columbia

Signature

FILED BY:

The name and address of the person filing the affidavit goes here.

(This may or may not be the person who swears the affidavit.)

This affidavit is filed by: Name

of: Address

City

Prov.

Postal Code

Phone

Fax