

**REQUEST FOR AN ATTESTATION
 FOR THE PURPOSE OF RESILIATING A LEASE
 ON GROUNDS OF VIOLENCE OR SEXUAL ASSAULT**
(s. 1974.1 Civil Code of Quebec)

SECTION 1														
NAME														
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname	First name												
How can you be reached? <input type="checkbox"/> At the appended address <input type="checkbox"/> Through the following person: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. SURNAME: _____ FIRST NAME: _____														
Your current address [or the address of the person indicated above]														
No. and street		Apt.												
Municipality		Postal code												
Home telephone		Work telephone												
THE DWELLING FOR WHICH YOU ARE SEEKING THE RESILIATION														
1. Address														
No. and street		Apt.												
Municipality		Postal code												
2. The owner or owner's representative														
Surname		First name												
No. and street		Apt.												
Municipality		Postal code												
Telephone (home)		Telephone (work)												
3. Term of current lease														
<input type="checkbox"/> lease for an indeterminate term <input type="checkbox"/> lease of less than 12 months <input type="checkbox"/> lease of 12 months or more		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="3" style="text-align: center;">Start of lease</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">year</td> <td style="text-align: center;">month</td> <td style="text-align: center;">day</td> </tr> <tr style="background-color: #e0e0e0;"> <th colspan="3" style="text-align: center;">End of lease</th> </tr> <tr> <td style="text-align: center;">year</td> <td style="text-align: center;">month</td> <td style="text-align: center;">day</td> </tr> </tbody> </table>	Start of lease			year	month	day	End of lease			year	month	day
Start of lease														
year	month	day												
End of lease														
year	month	day												
4. Are you the only person who has signed the lease with the owner?														
Yes <input type="checkbox"/>	No <input type="checkbox"/>													
	1. Who has also signed the lease with you as co-lessee? Surname: _____ First name: _____													
	2. What is your relationship with that person? <input type="checkbox"/> spouse <input type="checkbox"/> ex-spouse <input type="checkbox"/> other (state): _____													
5. Attach a copy of the lease														

SECTION 2 DESCRIPTION OF THE FACTS		
<i>Describe the acts of violence or sexual assault that motivate your request.</i>		
<p style="text-align: center; font-size: 2em; opacity: 0.5;">Do not fill in this section if the situation or facts you describe have been reported to the police</p>		

SECTION 3 POLICE INTERVENTION	
As regards the facts that occurred, have you made a complaint to the police or has the police intervened?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Event or reference No.	Police department
Investigator	Approximate date on which the police intervened

SECTION 4
<i>If the safety of yourself or a child living with you</i>
<ul style="list-style-type: none"> - is threatened because of the violent behaviour of a spouse or former spouse, fill out Section 4.1; - is threatened because of a sexual assault, fill out Section 4.2; - is threatened by both situations, fill out Section 4.1 or Section 4.2 and state your fears arising from the events.

SECTION 4.1 REASONS CAUSING YOU TO FEAR FOR YOUR SAFETY OR THAT OF YOUR CHILD BECAUSE OF THE VIOLENT BEHAVIOUR OF A SPOUSE OR FORMER SPOUSE
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In your own words describe the facts causing you to fear for your safety or that of your child, based on the violence that you were subjected to.

For example, have you experienced or are you experiencing any of the following situations: recent or imminent separation as a couple, spouse who does not accept the separation, presence of a new spouse, accelerated degradation of the relationship, reactions of the spouse after earlier separations, death threats from the spouse (to spouse, child, other relative), threat to kidnap child or children, threats of suicide, armed threats, expressed possibility of homicide, harassment (shadowing, telephone calls, letters, e-mails), spousal control, violent acts, breach of parole conditions, aggressiveness, impulsivity, instability, desire for revenge, depression, suicidal ideation, psychological distress, obsession to be reunited with spouse, possessiveness, jealousy, quick and unexplained change in attitude and behaviour, mental health problem, alcohol or drug abuse problem.

Presence of children: YES <input type="checkbox"/> NO <input type="checkbox"/> Number: age(s):	Presence or availability of weapons: YES <input type="checkbox"/> NO <input type="checkbox"/> Do not know <input type="checkbox"/>
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AUTHORIZATION

I, the undersigned, hereby authorize the public officer to communicate or receive personal information about me that is relevant to the processing of my request.

Name of declarant

OATH OR SOLEMN AFFIRMATION

I, the undersigned, _____
Name of declarant

declare under oath (or solemnly affirm) that the facts set out in this request are true.

Declarant

Declared under oath (or solemnly affirmed) before me

At

This

Name of Commissioner for oaths