SEARCH REQUEST FORM
(for information about yourself contained in the Family Orders and Agreement Enforcement Assistance (FOAEA) Unit database)

Use this form to ask for information about yourself as a debtor named in an FOAEA application. You can also get that information by calling 1-800-267-7777. If you are looking for someone else’s information, you must use the search request and consent form (to obtain information contained in the FOAEA Unit database about an individual other than yourself). If you are seeking general information, visit the Department of Justice’s Family Law website at: http://canada.justice.gc.ca/eng/index.html

INSTRUCTIONS
1. The information you provide must be accurate. (Do not add an estimated date or uncertain information.)
2. Please type or print when you fill in the form.
3. Return the completed and signed form to: Family Orders and Agreements Enforcement Assistance Unit, Family Law Assistance Services, Department of Justice Canada, 284 Wellington Street, Ottawa, Ontario K1A 0H8.

Information about you

Your name: (First name) _________________________________________ (Second name) _________________________________________ (Surname) _________________________________________

Your current address: _________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

Your mailing address if different from above (e.g. a post box number): __________________________________________________________________________
____________________________________________________________________________________________________________________________

Your date of birth: __________________________________________________ (yyyy/mm/dd) Telephone (day): _________________________________________

Your social insurance number: __________________________________________ FOAEA reference number: _________________________________________

Maintenance Enforcement Program (MEP) file number: __________________________________________________________

Information requested

1. Status of the file □   3. Name and contact information for the provincial/territorial MEP who made the FOAEA application □

2. Copy of statement of account □   4. Other, please specify: □ ______________________________

How would you like the FOAEA Unit to respond to this request?

□ By Phone □ In writing sent by regular mail

Your signature __________________________________________ Date of signature: (yyyy/mm/dd)

For administrative use only

Information disclosed (check all that apply): 1□ 2□ 3□ 4□ specify ______________________________

Name of person spoken to: __________________________________________ FOAEA Agent initials: _____________________ Date: ______________________________

**Voir de l’autre côté pour le formulaire en français.**