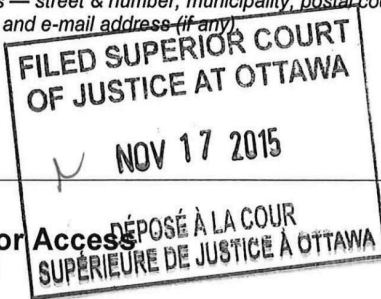


Superior Court of Justice, Family Court

(Name of court)

at 161 Elgin Street, Ottawa, Ontario K2P 2K1

(Court office address)

**Form 35.1: Affidavit in Support of
Claim for Custody or Access, dated
November 9, 2015****Applicant(s)***Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).***Jonathan William Kiska
1244 Lampman Cr
Ottawa, ON
K2P 1P8***Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).***Katie Laframboise
Bell Baker LLP
700-116 Lisgar Street
Ottawa, Ontario K2P 0C2****Tel: (613) 237-3444****Fax: (613) 237-1413****Respondent(s)***Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).***Deirdre Moore
1244 Lampman Cr
Ottawa, ON
K2P 1P8***Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).***Affidavit in Support of Claim for Custody or Access**

(If you need more space, attach extra pages.)

My name is (full legal name) Jonathan William Kiska**My date of birth is** (d, m, y) _____**I live in:** (name of city, town or municipality and province, state or country if outside of Ontario)**Ottawa, Province of Ontario I swear/affirm that the following is true:****PART A:****TO BE COMPLETED BY ALL PERSONS SEEKING CUSTODY OR ACCESS**

(Write "N/A" if any of the paragraphs do not apply to you or the child(ren).)

1. During my life, I have also used or been known by the following names:

John

2. The child(ren) in this case is/are:

Child's full legal name	Birthdate (d, m, y)	Age	Full legal name(s) of parent(s)	Name(s) of all people the child lives with now (include address if the child does not live with you)	My relationship to the child (specify if parent, grandparent, family friend, etc.)
Sean Charles Kiska	May 8, 2006	9	Jonathan Kiska (Applicant Father) and Deirdre Moore (Respondent Mother)	Jonathan Kiska (Applicant Father) and Deirdre Moore (Respondent Mother)	Father
Cate Stella Kiska	November 30, 2007	7	Jonathan Kiska (Applicant Father) and Deirdre Moore	Jonathan Kiska (Applicant Father) and Deirdre Moore	Father

			(Respondent Mother)	(Respondent Mother)	

3. I am also the parent of or have acted as a parent (for example, as a step-parent, legal guardian etc.) to the following child(ren): (include the full legal names and birthdates of any child(ren) not already listed in paragraph 2)

Child's full legal name	Birthdate (d, m, y)	My relationship to the child (specify if parent, step-parent, grandparent, etc.)	Name(s) of the person(s) with whom the child lives now (if the child is under 18 years old)
N/A			

4. I am or have been a party in the following court case(s) involving custody of or access to any child:
(Including the child(ren) in this case or any other child(ren). Do not include cases involving a children's aid society in this section.
Attach a copy of any custody or access court order(s) or endorsement(s) you have.)

Court location	Names of parties in the case	Name(s) of child(ren)	Court orders made (include dates of orders)
N/A			

5. I have been a party or person responsible for the care of a child in the following child protection court case(s): (attach a copy of any relevant court order(s) or endorsement(s) you have)

Court location	Names of people involved in the case	Name of children's aid society	Court orders made (include dates of orders)
N/A			

6. I have been found guilty of the following criminal offence(s) for which I have not received a pardon:

Charge	Approximate date of finding of guilt	Sentence received
N/A		

7. I am now charged with the following criminal offence(s):

Charge	Date of next court appearance	Terms of release while waiting for trial (attach copy of bail or other release conditions, if any)
N/A		

8. When the court is assessing a person's ability to act as a parent, s. 24 (4) of the *Children's Law Reform Act* requires the court to consider whether the person has at any time committed violence or abuse against:

- his or her spouse;
- a parent of the child to whom the claim for custody or access relates;
- a member of the person's household; or
- any child.

I am aware of the following violence or abuse the court should consider under s. 24 (4) of the *Children's Law Reform Act*: *(describe incident(s) or episode(s) and provide information about the nature of the violence or abuse, who committed the violence and who the victim(s) was/were)*

9. To the best of my knowledge, since birth, the child(ren) in this case has/have lived with the following caregiver(s): *(including a parent, legal guardian, children's aid society etc.)*

Child's Name	Name(s) of Caregiver(s) <i>(if the child was in the care of a children's aid society, give the name of that children's aid society)</i>	Period(s) of Time with Caregiver(s) <i>(d,m,y to d,m,y)</i>
Sean Charles Kiska	Jonathan Kiska (Applicant Father) and Deirdre Moore (Respondent Mother)	May 8, 2006 (birth) to present
Cate Stella Kiska	Jonathan Kiska (Applicant Father) and Deirdre Moore (Respondent Mother)	November 30, 2015 (birth) to present

10. My plan for the care and upbringing of the child(ren) is as follows:

- a) I plan to live at the following address: 1244 Lampman Cr, Ottawa, ON K2P 1P8 (the family home)
- b) The following people (other than the child(ren) involved in this case) will be living with me:

Full legal name and other names this person has used	Birthdate <i>(d, m, y)</i>	Relationship to you	Has a child of this person ever been in the care of a children's aid society? <i>(if yes, give details)</i>	Has this person been found guilty of a criminal offence (for which he/she has not received a pardon) or is he/she currently facing criminal charges? <i>(if yes, give details)</i>
N/A				

- c) **Decisions for the child(ren) (including education, medical care, religious upbringing, extra-curricular activities, etc.) will be made as follows:**

☐ jointly by me and *(name(s) of person(s))*

☒ by me

☐ by *(name(s) of person(s))*

(If necessary, provide additional details below.)

—

- d) ☐ I am a stay-at-home parent.
- ☒ I work: ☒ full time. ☐ part time.
- ☐ I attend school: ☐ full time. ☐ part time.
- at: (name of your place of work or school) Self-employed at AdvisorOnTrack, 1244 Lampman Cr,
Ottawa, ON, K2P 1P8
- ☐ I anticipate that my plans for work and/or school may change as follows: (complete if you know or expect that you will be doing something different from what you are doing now)

- e) The child(ren) will attend school, daycare or be cared for by others on a regular basis as follows:
The children will continue to attend school at Sir Winston Churchill

- f) My plan for the child(ren) to have regular contact with others, including the child(ren)'s parent(s) and family members, is as follows:
I plan on the children spending time with the Respondent Mother according to their best interest and to maintain regular contact with extended family

- g) Check the appropriate box:

- ☒ The child(ren) does not/do not have any special medical, educational, mental health or developmental needs.
- ☐ The child or one or more of the children has/have the following special needs and will receive support and services for those needs as follows: (if a child does not have special needs, you do not have to include information about that child below)

Name of child	Special need(s)	Description of child's needs	Support or service child will be receiving (include the names of any doctors, counsellors, treatment centres, etc. that are or will be providing support or services to the child)
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental		

	<input type="checkbox"/> other		
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		
	<input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other		

h) I will have support from the following relatives, friends or community services in caring for the child(ren):

The Respondent's parents, my sister, the Respondent (who else)

11. I acknowledge that the court needs up-to-date and accurate information about my plan in order to make a custody or access order in the best interests of the child(ren) (subrule 35.1 (7)). If, at any time before a final order is made in this case,

- a) there are any changes in my life or circumstances that affect the information provided in this affidavit; or
- b) I discover that the information in this affidavit is incorrect or incomplete,

I will immediately serve and file either:

- a) an updated affidavit in support of claim for custody or access (Form 35.1); or,
- b) if the correction or change is minor, an affidavit in Form 14A describing the correction or change and indicating any effect it has on my plan for the care and upbringing of the child(ren).

K- (Initial here to show you have read this paragraph and you understand it.)

NOTE: If you are not the parent of the child for whom you are seeking an order of custody, you must complete Part B of this affidavit.

You are a parent of a child if:

- a) you are the biological parent of the child;
- b) you are the adoptive parent of the child;
- c) a court has declared that you are the child's parent under the *Children's Law Reform Act*; or
- d) you are presumed to be a father under section 8 of the *Children's Law Reform Act*.

If you are completing Part B, you do not have to swear/affirm the affidavit at this point. You will swear/affirm at the end of Part B.

Sworn/Affirmed before me at:

Ottawa

(municipality)

in Province of Ontario

(province, state or country)

on November 9, 2015

(Date)

Commissioner for taking affidavits

Katie Laframboise

(Type or print below if signature is illegible.)

John Kish

Signature

(This form to be signed in front of a lawyer,
justice of the peace, notary public or
commissioner for taking affidavits.)