

## Superior Court of Justice, Family Court

(Name of court)

at 161 Elgin Street, Ottawa, Ontario, K2P 2K1

Court office address

Court File Number

FC-15-2446-0

Form 35.1: Affidavit in Support of  
Claim for Custody or Access, dated

February 25, 2019

## Applicant(s)

Full legal name &amp; address for service — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

Jonathan William Kiska  
1244 Lampman Cr., Ottawa, Ontario, K2C 1P8  
phone: 613-723-0010 jonathankiska@gmail.com

Lawyer's name &amp; address — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

Wade Smith  
700-116 Lisgar Street, Ottawa, Ontario K2P 0C2  
phone: 613-237-3444 wsmith@bellbaker.com

## Respondent(s)

Full legal name &amp; address for service — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

Deirdre Ann Moore  
1466 Claymor Avenue, Ottawa, ON K2C 1S6  
deirdre.faff@mail.com

Lawyer's name &amp; address — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).

n/a

## Affidavit in Support of Claim for Custody or Access

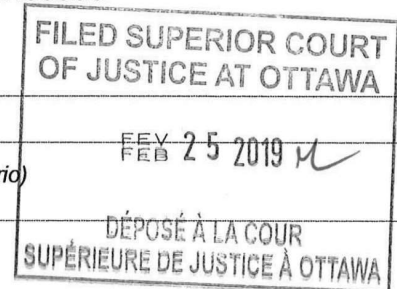
(If you need more space, attach extra pages.)

My name is (full legal name) Deirdre Ann Moore

My date of birth is (d, m, y) 28/09/65

I live in: (name of city, town or municipality and province, state or country if outside of Ontario)  
The City of 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:

n/a

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	08/05/06	12	Deirdre Ann Moore (Respondent) and Jonathan William Patrick Kiska	Jonathan William Patrick Kiska (Father)	Mother
Cate Stella Kiska	30/11/07	11	Deirdre Ann Moore (Respondent) and Jonathan William Patrick Kiska	Jonathan William Patrick Kiska (Father)	Mother

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.)

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)

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)
		JM	
		Uncertain as per Exhibits A-F.	
			JM

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)
		YM	
		Uncertain as per Exhibits A-F	YM

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

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)

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)

Assisted by the Children's Aid Society, the Applicant has circumvented Justice Engelking's recent Order. (Please see Exhibits A-F)

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) (if the child was in the care of a children's aid society, give the name of that children's aid society)	Period(s) of Time with Caregiver(s) (d,m,y to d,m,y)
Sean Charles Kiska	Deirdre Ann Moore (Respondent) and Jonathan William Patrick Kiska	08/05/06 (birth) to February 5, 2019
Cate Stella Kiska	Deirdre Ann Moore (Respondent) and Jonathan William Patrick Kiska	30/11/07 (birth) to February 5, 2019

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

a) I plan to live at the following address: 1466 Claymor Avenue, Ottawa, ON K2C 1S6

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 (d, m, y)	Relationship to you	Has a child of this person ever been in the care of a children's aid society? (if yes, give details)	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? (if yes, give details)

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) \_\_\_\_\_
- ☒ 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))  
I am having difficulty retaining professional employment. (I am hoping that this will change after the trial and I am in a better position to network.) Meanwhile, I am considering both re-training and non-professional employment.
- e) The child(ren) will attend school, daycare or be cared for by others on a regular basis as follows:  
They currently attend Sir Winston Churchill Public School (Cate) and Merivale High School (Sean).  
I hope to have flexible hours in order to avoid relying on external childcare.
- 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:  
The children will enjoy playdates and outings with their many friends, as they always have.
- 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)
Cate Kiska	<input type="checkbox"/> medical <input checked="" type="checkbox"/> educational <input checked="" type="checkbox"/> mental health <input type="checkbox"/> developmental <input checked="" type="checkbox"/> other vision	<p>The children were seeing an MSW at least monthly so they could adjust to the new living arrangements. This was a clause in the Interim Parenting Agreement that the Respondent insisted upon.</p> <p>The Applicant has not agreed to a switch to a Child Psychologist - which the Respondent believes would be more appropriate under the circumstances.</p> <p>Cate needs to have her vision monitored.</p>	To be determined
Sean Kiska	<input type="checkbox"/> medical <input type="checkbox"/> educational <input checked="" type="checkbox"/> mental health <input type="checkbox"/> developmental <input type="checkbox"/> other	As per above	As per above

	<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):

To be determined

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).

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

NOTE: If you are not a parent of the child, as determined under the *Children's Law Reform Act*, for whom you are seeking an order of custody, you must complete Part B of this affidavit.

For the purposes of this form and under the *Children's Law Reform Act*, a parent may include:

- The person who gives birth to a child (a "birth parent").
- Where a child is conceived through sexual intercourse, the person who is married to or living with the person who gives birth to the child at the time that the child is born (a "spouse").
- The person certified as a parent of the child under the *Vital Statistics Act*.
- A person found or recognized by a court as a parent to the child.

For more information about whether you are a parent for the purposes of this form, see the *Children's Law Reform Act* or talk to a lawyer.

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 The City of Ottawa  
municipality  
in The Province of Ontario  
province, state, or country  
on February 25<sup>th</sup>, 2019  
Date  
Sylvia Lord  
Commissioner for taking affidavits  
(Type or print name below if signature is illegible.)

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



Superior Court of Justice, Family Court

(Name of court)

at 161 Elgin Street, Ottawa, Ontario K2P 2K1

Court office address

Court File Number

FC-15-2446-0

Form 6B: Affidavit of Service  
sworn/affirmed

February 25, 2019

**Applicant(s)**

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Jonathan Kiska ("KISKA")  
1244 Lampman Crescent, Ottawa, Ontario K2C 1P8  
mobile: 613-723-0010 jonathankiska@gmail.com

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Wade Smith  
700-116 Lisgar Street, Ottawa, Ontario K2P 0C2  
phone: 613-237-3444 wsmith@bellbaker.com

**Respondent(s)**

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Deirdre Moore  
1466 Claymor Avenue, Ottawa, Ontario K2C 1S6  
mobile: 613-261-3520 deirdre.faff@gmail.com

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

n/a  
FILED SUPERIOR COURT  
OF JUSTICE AT OTTAWA

FEV 25 2019

My name is (full legal name) Deirdre Ann Moore

I live in (municipality & province) City of Ottawa, Ontario

and I swear/affirm that the following is true:

DÉPOSÉ À LA COUR  
SUPÉRIEURE DE JUSTICE À OTTAWA

1. On (date) February 25, 2019, at (time) 2:40 p.m., I served (name of person to be served) Mr. Wade Smith with the following document(s) in this case:

Name of document

Author (if applicable)

Date when document  
signed, issued, sworn, etc.

List the  
documents  
served

Form 35.1 (updated)  
(Seven pages w/ exhibits A-F)

Deirdre Moore

February 25, 2019

Note that Table of Contents served on Moore [by Smith] on Feb 21, 2019.

**NOTE:** You can leave out any part of this form that is not applicable.

2. I served the documents mentioned in paragraph 1 by:

- ☒ special service. (Go to paragraph 3 below if you used special service.)
- ☐ mail. (Go to paragraph 4 if you used mailed service.)
- ☐ same day courier. (Go to paragraph 5 if you used courier.)
- ☐ next day courier. (Go to paragraph 5 if you used courier.)
- ☐ deposit at a document exchange. (Go to paragraph 6 if you used a document exchange.)
- ☐ an electronic document exchange. (Go to paragraph 7 if you used an electronic document exchange.)
- ☐ fax. (Go to paragraph 8 if you used fax.)
- ☐ email. (Go to paragraph 9 if you used email.)
- ☐ substituted service or advertisement. (Go to paragraph 10 if you used substituted service or advertisement.)

Check one  
box only and  
go to  
indicated  
paragraph.



February 25, 2019

3. I carried out special service of the document(s) on the person named in paragraph 1 at (place or address)

700-116 Lisgar Street, Ottawa, Ontario K2P 0C2

by: ☐ leaving a copy with the person.

☒ leaving a copy with (name) Elizabeth Vaughan

☐ who is a lawyer who accepted service in writing on a copy of the document.

☐ who is the person's lawyer of record.

☒ who is the (office or position) receptionist

of the corporation named in paragraph 1.

☐ mailing a copy to the person together with a prepaid return postcard in Form 6 in an envelope bearing the sender's return address. This postcard, in which receipt of the document(s) is acknowledged, was returned and is attached to this affidavit.

☐ leaving a copy in a sealed envelope addressed to the person at the person's place of residence with (name) \_\_\_\_\_

who provided me with identification to show that he/she was an adult person residing at the same address and by mailing another copy of the same document(s) on the same or following day to the person named in paragraph 1 at that place of residence.

☐ other (Specify. See rule 6 for details.) \_\_\_\_\_

4. I mailed the document(s) to be served by addressing the covering envelope to the person named in paragraph 1 at:

(Set out address.) \_\_\_\_\_

which is the address ☐ of the person's place of business.

☐ of a lawyer who accepted service on the person's behalf.

☐ of the person's lawyer of record.

☐ of the person's home.

☐ on the document most recently filed in court by the person.

☐ other (Specify.) \_\_\_\_\_

5. The document(s) to be served was/were placed in an envelope that was picked up at a.m./p.m. on (date) \_\_\_\_\_ by (name of courier service) \_\_\_\_\_

a private courier service, a copy of whose receipt is attached to this affidavit. The envelope was addressed to the person named in paragraph 1 at: (Set out address.) \_\_\_\_\_

which is the address ☐ of the person's place of business.

☐ of a lawyer who accepted service on the person's behalf.

☐ of the person's lawyer of record.

☐ of the person's home.

☐ on the document most recently filed in court by the person.

☐ other (Specify.) \_\_\_\_\_

sworn/affirmed February 25, 2019

FC-15-2446-0

6. The document(s) was/were deposited at a document exchange. The exchange's date stamp on the attached copy shows the date of deposit. *(Strike out paragraphs 3, 4, 5, 7, 8, 9, 10 and 13.)*
7. The documents were served through an electronic document exchange. The record of service from the exchange is attached to this affidavit. *(Strike out paragraphs 3, 4, 5, 6, 8, 9, 10 and 13.)*
8. The document(s) to be served was/were faxed. The fax confirmation is attached to this affidavit. *(Strike out paragraphs 3, 4, 5, 6, 7, 9, 10 and 13.)*
9. The documents were served by email. Attached to this Affidavit is a copy of the email that the document was attached to. *(Strike out paragraphs 3, 4, 5, 6, 7, 8, 10 and 13.)*
10. An order of this court made on (date) \_\_\_\_\_ allowed
- ☐ substituted service.
- ☐ service by advertisement. *(Attach advertisement.)*

The order was carried out as follows: *(Give details. Then go to paragraph 13 if you had to travel to serve substitutionally or by advertisement.)*

11. My relationship to, or affiliation with, any party in this case is as follows:

**I am the Respondent to KISKA's Application FC-15-2446-0**

12. I am at least 18 years of age.

13. To serve the document(s), I had to travel 9 kilometres. My fee for service of the document(s) is \$ 125 including travel.

Sworn/Affirmed before me at Ottawa

municipality

in Ontario

province, state, or country

on

February 25<sup>th</sup> 2019

date

*Shylma Liod*

Commissioner for taking affidavits  
(Type or print name below if  
signature is illegible.)

*Feilde Moore*

Signature

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