



Ministry of the  
Attorney General

Office of the  
Children's Lawyer

**Instructions for the  
Statement of Identification and  
the Statement of Relationship**

**OVERVIEW FOR COMPLETING THE STATEMENT OF IDENTIFICATION AND STATEMENT OF RELATIONSHIP**

In support of your request for payment out of court of assets held by the Accountant of the Superior Court of Justice, please complete the attached documents:

1. **Statement of Identification that is required to be dated and signed by you as the Applicant before a commissioner, notary public, or lawyer; and**
2. **Statement of Relationship that must be signed and dated by a person over 18 years of age who has known you for two years or longer. This Statement of Relationship must be signed by a witness. It is not required to be signed before a commissioner, notary public or lawyer.**

Please return the completed **original Statement of Identification and Statement of Relationship** along with your Application for Payment out of Court to the Minors' Funds Department of the Office of the Children's Lawyer:

Office of the Children's Lawyer  
Minors' Funds Department  
393 University Avenue, 14th Floor  
Toronto, Ontario  
M5G 1E6  
Attention: Minors' Funds Clerk

Please make sure that all of the requested information is included. Missing or incomplete information may delay the release of the assets.

**APPLICATION FOR DIRECT DEPOSIT**

Please complete the attached Application for Direct Deposit (if applicable). This will allow the Accountant of the Superior Court of Justice to directly transfer the money to your bank account and speed up your payment.

## INSTRUCTIONS FOR THE STATEMENT OF IDENTIFICATION

### Instructions on How to Complete the Statement of Identification

The Statement of Identification is used to prove that you are the person applying (“the Applicant”) for the release of the assets held by the Accountant of the Superior Court of Justice.

**The Statement of Identification must be completed by you (“the Applicant”).**

**Step 1:** You must make true copies of the **originals** of your personal identification.

#### **Acceptable Identification**

Acceptable identification includes government-issued picture identification such as:

- Provincial Health Card
- Provincial Driver's Licence Card
- Provincial Photo Card
- Canadian Passport
- Canadian Citizenship Card
- Canadian Permanent Resident Card

In addition to the government-issued picture identification, you must also confirm your date of birth and address.

- Your date of birth may already be included in your government-issued picture identification such as your Provincial Driver's Licence Card.
- If you do not have a Provincial Driver's Licence Card that states your current address, you may submit true copies of other documents verifying your address like a bank statement, utility statement of account, school correspondence, or prescription in your name.

**Step 2:** You must sign and date the Statement of Identification in front of a **commissioner, notary public or lawyer who will compare the original identification documents with the copies**. True copies of the original identification documents are to be marked as Exhibits to your Statement of Identification.

#### **Commissioner of oaths services may be provided by:**

- A lawyer. All lawyers practicing in Ontario are also automatically commissioners for taking affidavits or statements.
- A paralegal licensed under the Law Society of Ontario.
- The office of your local Member of Federal Parliament.
- The office of your local Member of Provincial Parliament.
- Legal aid offices. Please visit the website <https://www.legalaid.on.ca/services/legal-clinics> to locate the nearest legal aid office to you and contact the legal aid office in advance to see if this service is available.
- Courthouses. Please visit the following website to locate the nearest courthouse to you and contact the courthouse in advance to see if this service is available:  
[https://www.attorneygeneral.jus.gov.on.ca/english/courts/Court\\_Addresses/](https://www.attorneygeneral.jus.gov.on.ca/english/courts/Court_Addresses/)

**Please note a fee may be charged for this service.**

## INSTRUCTIONS FOR THE STATEMENT OF RELATIONSHIP

### Instructions on How to Complete the Statement of Relationship

The Statement of Relationship must be produced to supplement your proof of identification.

**This Statement of Relationship must be completed by someone, other than yourself, who has reached the age of majority (i.e. 18 years of age and over).**

**Step 1:** Ask someone who is 18 years of age or over who has known you for at least two years to complete the Statement of Relationship (Examples: spouse, parent, other relative, friend, teacher, physician).

**Step 2:** This person must complete the form and provide his/her information (first and last name, current address, telephone number, email address) as well as your information (first and last name, current address, telephone number, email address), and state his/her relationship to you.

**Step 3:** This person must provide a true copy of his/her personal identification.

- Acceptable identification includes government-issued picture identification. Examples: Provincial Health Card, Canadian Passport, Canadian Citizenship Card, Canadian Permanent Resident Card, Provincial Photo Card, or a Provincial Driver's Licence Card.

**Step 4:** The Statement of Relationship is signed and dated in front of a witness.

**Step 5:** The witness will also sign the form in the space provided. Please ensure the witness prints out his/her first and last name, current address, telephone, and email address.

**NOTE:** It is not required for the Statement of Relationship to be signed in front of a commissioner, notary public or lawyer.

## OTHER INFORMATION

### How to Apply for Direct Deposit of your Money into your Bank Account

A completed Application for Direct Deposit Form will allow the Accountant of the Superior Court of Justice to deposit money directly into your bank account. The Application for Direct Deposit Form contains instructions on how to complete it. You may also ask your bank to complete the form for you. Please note that the bank account must be in your name only (not a joint account).

Do not complete the Application for Direct Deposit if you do not want the money deposited to your account. The Accountant of the Superior Court of Justice will mail you a cheque if you do not return this form to the Accountant of the Superior Court of Justice. Please remember to sign the form. If the Application for Direct Deposit Form is completed by a Bank Representative, the Bank Representative will also need to sign.

### Out of Canada Applicants

If you are an Applicant who resides outside of Canada, please be advised that bank drafts and direct deposits will be provided in your local currency, unless otherwise instructed. The funds may be transferred to your bank account up on receipt of the Direct Deposit Form that has been duly completed and signed by you and your financial institution.

## **If You Need Help Completing the Forms**

Please call the Minors' Funds Department of the Office of the Children's Lawyer at 416-314-8003 or at 416-314-8000 if you have any questions and need assistance in completing the forms. You may also fax your inquiry to 416-314-8056, or send an email to: [MinorsFunds@ontario.ca](mailto:MinorsFunds@ontario.ca).

Please note that the Office of the Children's Lawyer cannot provide any legal advice to you.

The Office of the Children's Lawyer cannot provide financial information to you over the telephone.

## **Contact Information for the Accountant of the Superior Court of Justice**

Should you have any questions about assets held by the Accountant of the Superior Court of Justice (ASCJ) and the payment out of court process, you may wish to reach the ASCJ for further details. Contact information for the ASCJ is as follows:

The Accountant of the Superior Court of Justice

Office of the Public Guardian and Trustee

595 Bay Street, Suite 800

Toronto, Ontario M5G 2M6

Local calls: 416-314-2477 or 416-314-8692

Toll free: 1-800-366-0335

Fax: 416-314-2481

Website: [www.attorneygeneral.jus.gov.on.ca/english/family/pgt](http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt)

**ASCJ Account Number**

**Statement of Identification**

**Do not complete this document unless you are 18 years of age or older.**

I, *(insert your full name)* \_\_\_\_\_  
of the City/Town of \_\_\_\_\_ in the Province of \_\_\_\_\_  
Canada, make oath and say:

1. I am applying for payment out of court of assets held by the Accountant of the Superior Court of Justice and have knowledge of the facts sworn in this Affidavit of Identification.
2. I have been advised that assets are being held by the Accountant of the Superior Court of Justice to the credit of \_\_\_\_\_ the account owner,  

*(insert name of Account Owner)*

3. My relationship to the account owner is as follows (please select one): I am the:

- |   |   |
|---|---|
| <input type="checkbox"/> Mother               | <input type="checkbox"/> Paternal Grandparent             |
| <input type="checkbox"/> Father               | <input type="checkbox"/> Paternal Aunt                    |
| <input type="checkbox"/> Maternal Grandparent | <input type="checkbox"/> Paternal Uncle                   |
| <input type="checkbox"/> Maternal Aunt        | <input type="checkbox"/> Friend of the Family             |
| <input type="checkbox"/> Maternal Uncle       | <input type="checkbox"/> Court-Ordered Custodial Guardian |
| <input type="checkbox"/> Sister               | <input type="checkbox"/> Brother                          |
| <input type="checkbox"/> Account Owner        | <input type="checkbox"/> Other (Please provide details)   |

4. My date of birth is \_\_\_\_\_ . I am \_\_\_\_\_ years old.

5. I reside at the following address: \_\_\_\_\_ .

6. I have produced the originals of the following document(s)\*, true copies of which are attached as **Exhibits** to this Statement of Identification, confirming my:

- photo
- legal name
- date of birth
- signature
- current address.

**\*You will need to produce one or more documents to confirm your photo, legal name, date of birth, signature and current address:**

- a. **Government-issued photo identification.** Examples: Provincial Health Card, Provincial Photo Card, Provincial Driver's Licence Card, Canadian Passport, Canadian Citizenship Card, Canadian Permanent Resident Card.
- b. **Evidence of date of birth.** Examples: Provincial Birth Certificate, Provincial Health Card, Provincial Photo Card, Provincial Driver's Licence Card, Canadian Passport, Canadian Citizenship Card, Canadian Permanent Resident Card.
- c. **Evidence of current address.** Examples: Provincial Driver's Licence Card, Provincial Photo Card, school correspondence, bank statements, utilities statement of account, prescriptions.

**7. If your name has been changed, complete the following section:**

I am one and the same person as \_\_\_\_\_  
as evidenced by the original applicable pieces of identification listed below, true copies of which are attached as **Exhibits** to this Affidavit of Identification:

- a. **Change of Name Certificate; OR**
- b. **Marriage Certificate; OR**
- c. **Adoption Order.**

8. I make this Statement of Identification in support of my application for payment out of court of assets held by the Accountant of the Superior Court of Justice and for no other or improper purpose.

Sworn/Affirmed before me at \_\_\_\_\_  
*City/Town*

in \_\_\_\_\_  
*Province, State or Country*

on \_\_\_\_\_  
*date*

\_\_\_\_\_  
*Commissioner for taking affidavits*  
*(Type or print full name and address of*  
*Commissioner below.)*

\_\_\_\_\_  
*Applicant's Signature*  
*(This form is to be signed in front of a*  
*lawyer, justice of the peace, notary public or*  
*commissioner for taking affidavits.)*

**ASCJ Account Number**

**Statement of Relationship**

1. I, \_\_\_\_\_ of  
*(Insert First and Last Name of Person Confirming Relationship to the Applicant)*

\_\_\_\_\_,  
*(Insert Current Mailing Address, Street Name and Number, Town/City, Postal Code)*

\_\_\_\_\_, \_\_\_\_\_,  
*(Insert Telephone Number) (Insert Email Address)*

was born on \_\_\_\_\_,  
*(Insert Month) (Insert Day) (Insert Year)*

2. I am a \_\_\_\_\_ to/of \_\_\_\_\_  
*(State Relationship to the Applicant) (Insert Name of Applicant)*

3. I have known \_\_\_\_\_  
*(Insert Name of Applicant)*

who resides at \_\_\_\_\_  
*(Insert Current Mailing Address, Street Name and Number, Town/City, Postal Code)*

for the past \_\_\_\_\_ years *(minimum of 2 years)*

4. I have produced originals of the following documents, true copies of which are attached as Exhibits to this Statement of Relationship and Identification that includes:

- Government-issued photo identification with a clear copy my picture. Examples: Provincial Driver's Licence Card, Provincial Health Card, Provincial Photo Card, Canadian Passport, Canadian Citizenship Card, Canadian Permanent Resident Card.

*Date*

*Signature of Person Confirming Relationship*

*Witness Signature*

*Print Witness Name, Address, Telephone Number,  
Email*

**Ministry of the Attorney General**

 Office of the Public Guardian and Trustee  
 Accountant of the Superior Court of Justice

**Ministère du Procureur général**

 Bureau du Tuteur et curateur publique  
 Comptable de la Cour supérieure de justice

**Application for Direct Deposit**
**INSTRUCTIONS**

- Complete Section A.
- Attach to Section B a blank personalized cheque/deposit slip with "VOID" written on it or have Section B completed by your financial institution if you do not attach a voided personalized cheque/deposit slip (please ensure the bank official signs and dates Section B where indicated).
- **FOR ALL FOREIGN ACCOUNTS, THE BANK OFFICIAL MUST COMPLETE SECTION B.**
- Sign and date Section C. The original signed form must be sent to the Accountant.

**Section "A" - Client Identification**

- **Please print clearly**

Last Name		First Name	Middle Initial
Address (Street Number and Name/Apartment Number)			
City/Town	Province	Country	
Postal Code	Home Telephone Number (Including Area Code)		

**Section "B" - Banking Information**

- **Funds cannot be deposited into a joint account**

Branch Number	Institution Number	Account Number
Bank Identifier Code (BIC)	Int'l Bank Account Number (IBAN)	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Other
Name and Address of Financial Institution (e.g. Bank stamp)		
Bank Official's Signature and Position (Print name and title)		Date

**Section "C" - Client Authorization**

I authorize direct deposit of my trust funds into the above-designated account and agree to pay all applicable bank service charges.

Client Signature
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Date
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Beneficiary Name
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Beneficiary Account Number
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