

**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

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname	First name
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How can you be reached?

At the appended address
 Through the following person: Ms. 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="margin: auto; border-collapse: collapse;"> <tr> <th colspan="3">Start of lease</th> </tr> <tr> <td style="width: 33%;">year</td> <td style="width: 33%;">month</td> <td style="width: 33%;">day</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <th colspan="3">End of lease</th> </tr> <tr> <td>year</td> <td>month</td> <td>day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </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**

Describe the acts of violence or sexual assault that motivate your request.

**Do not fill in this section if
the situation or facts you
describe have been
reported to the police**

**SECTION 3
POLICE INTERVENTION**

As regards the facts that occurred, have you made a complaint to the police or has the police intervened?

YES
NO

Event or reference No.	Police department
Investigator	Approximate date on which the police intervened

SECTION 4

If the safety of yourself or a child living with you

- *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**

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, social media, text, etc.), 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"/>



**SECTION 4.2
REASONS CAUSING YOU TO FEAR FOR YOUR SAFETY OR THAT OF YOUR CHILD
BECAUSE OF SEXUAL ASSAULT**

In your own words describe the facts causing you to fear for your safety or that of your child based on the sexual assault that you or your child has been subjected to. For example, one or all of the following situations may apply:

- *You or your child has been sexually assaulted and the perpetrator knows your address, can have access to it or, lives or travels in the vicinity of your home (or your neighbourhood). The assault may have involved sexual touching (genitals, buttocks, chest), exhibitionism, voyeurism, an attempt to impose sexual contact on you, threat of sexual assault.*

Presence of children: YES NO

Number: age(s):

Presence or availability of weapons:

YES NO Do not know

**SECTION 5
OTHER RELEVANT INFORMATION**

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, _____
Declarant's name
declare under oath (or solemnly affirm) that the facts set out in this request are true.

Declarant's signature

Done at

city or town

This

date

Name of the Commissioner for oaths