

FORM 72B

Courts of Justice Act

AFFIDAVIT (MOTION FOR PAYMENT OUT OF COURT)

(General heading)

AFFIDAVIT

I, (full name of deponent) of the (City, Town, etc.) of , in the (County, Regional Municipality, etc.) of , (where the deponent is a party or the lawyer, officer, director, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY (or AFFIRM):

1. This affidavit is filed in support of a motion for payment out of court of money belonging to (name of person under disability), of (address), who is (state the nature of the disability) and who was born on (date).

2. I am (state the deponent's connection with the person under disability).

3. The Accountant (or local registrar at (place)) has informed me that the sum of \$, including interest accrued to (date), is in

court. There has been previously paid out the sum of \$. on (date) (or as may be).

4. It is proposed that the sum of \$ be paid out of court to (name) for the following purpose: (Give particulars.)

5. I believe that this expenditure is justified for the following reasons: (Give particulars.)

Sworn or Affirmed before me: (select one): in person OR by video conference

Complete if affidavit is being sworn or affirmed in person:

at the (City, Town, etc.) of in the (County, County, Regional Municipality, etc.) of , on (date).

Signature of Commissioner (or as may be)

Signature of Deponent

Use one of the following if affidavit is being sworn or affirmed by video conference:

Complete if deponent and commissioner are in same city or town:

by (deponent's name) at the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of , before me on (date) in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (*or as may be*)

Signature of Commissioner (or as may be)

Signature of Deponent

Complete if deponent and commissioner are not in same city or town:

by (*deponent's name*) of (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, before me at the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of....., on (*date*) in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (*or as may be*)

Signature of Commissioner (or as may be)

Signature of Deponent

RCP-E 72B (September 1, 2020)