

## FEE WAIVER REQUEST TO COURT

**NOTE:** If you are or intend to be a litigation guardian for a party under disability or a person representing a special party under the *Family Law Rules*, DO NOT USE THIS FORM. Instead use form "Fee Waiver Request to Registrar, Clerk or Sheriff by a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party".

(PLEASE PRINT CLEARLY)

*[Please read the definitions in "A Guide to Fee Waiver Requests" before completing this form.]*

(a) This is a request for waiver of court and/or enforcement fees with respect to (select one):

- a proceeding before the (specify court) Superior Court of Justice (Ontario)  
 the enforcement of an order of the (specify court or administrative tribunal)

Title of proceeding/Name of case: Michael Jack v. Her Majesty the Queen in Right of Ontario as represented by the Ministry of Community Safety and Correctional Services operating as the Ontario Provincial Police and its employees Marc Gravelle, John Pollock, Shaun Filman, Jennifer Payne, Jamie Brockley, Melynda Moran, Mary D'Amico, Richard Nie, Brad Rathbun, Robert Flindall, Peter Butorac, Ronald Campbell, Mike Johnston, Chris Newton, Coleen Kohen, Hugh Stevenson, Mike Armstrong and the Ontario Provincial Police Association and its representatives Shaun Filman, Karen German, Jim Styles and Marty McNamara.

SIGNED, SWORN, DECLARED,  
AFFIRMED BEFORE ME AT THE  
CITY OF TEL AVIV IN THE  
STATE OF ISRAEL ON

(c) Court file/Claim number (if applicable): \_\_\_\_\_

THIS 17 DAY OF DECEMBER  
A.D., 2012

(d) In support of this request, I, (full legal name of requestor) Michael Jack

submit the following affidavit, sworn/affirmed the 17 day of December, 20 12



(Signature of requestor)

*(To be completed by registrar or clerk if the requestor is eligible for fee waiver under s. 4.4(4) Administration of Justice Act, R.S.O. 1990, c. A.6)*

Requestor is eligible for fee waiver under s. 4.4(4) Administration of Justice Act, R.S.O. 1990, c. A.6:

- Yes       No

\_\_\_\_\_  
(Date of signature)

\_\_\_\_\_  
(Signature of registrar or clerk of the court)

*(To be completed by the Court if the requestor is not eligible for fee waiver under s. 4.4(4) Administration of Justice Act, R.S.O. 1990, c. A.6)*

**This Court orders that**

- a fee waiver certificate shall be given.       a fee waiver certificate shall not be given.

Reasons, if applicable:

<hr/>	<hr/>
<i>(Date of signature)</i>	<i>(Signature of judge, deputy judge or case management master)</i>

## AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

**NOTE:** If you are or intend to be a litigation guardian for a party under disability or a person representing a special party under the *Family Law Rules*, DO NOT USE THIS FORM. Instead use form "Affidavit in Support of Fee Waiver Request by a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party".

(PLEASE PRINT CLEARLY)

1. I, (full legal name) Michael Jack, of the (City, Town, etc.)  
of City of Tel-Aviv, State of Israel, MAKE OATH AND SAY (or AFFIRM):  
I make this affidavit in support of my request for waiver of court and/or enforcement fees.

2. [Select and complete one.]

I am the plaintiff in this proceeding or case, or I intend to become a party in this proceeding or case.

OR

I am seeking enforcement of an order of the (specify court or administrative tribunal)

made in the proceeding or case of (title of proceeding/name of case)

**Michael Jack v. Her Majesty the Queen in Right of Ontario as represented by the Ministry of Community Safety and Correctional Services operating as the Ontario Provincial Police and its employees Marc Gravelle, John Pollock, Shaun Filman, Jennifer Payne, Jamie Brockley, Melynda Moran, Mary D'Amico, Richard Nie, Brad Rathbun, Robert Flindall, Peter Butorac, Ronald Campbell, Mike Johnston, Chris Newton, Coleen Kohen, Hugh Stevenson, Mike Armstrong and the Ontario Provincial Police Association and its representatives Shaun Filman, Karen German, Jim Styles and Marty McNamara.**

3. My current mailing address, and fax number and e-mail address, if applicable, are:

**Michael Jack c/o Lloyd Tapp: 252 Angeline St. N, Lindsay, ON K9V-4R1 E-mail: dmclaugh@bell.net**

My current telephone number is: 705-878-4240

4. I require a court interpreter for a language other than English or French:

- for myself  
 for witness(es)  
 no

Fee waiver is only available to a party, or person who intends to become a party, in a proceeding or case.

5. My court/enforcement fees are being paid by Legal Aid Ontario or by a lawyer under a contingency fee agreement:

- (a)  Yes  
(b)  Yes, but my Legal Aid certificate does not cover my divorce court fees.  
(c)  No

If your answer to paragraph 5 is "(a) Yes", do not complete paragraphs 6 to 10 or the Exhibits

6. The primary source of my household income is from one or more of the following sources:

- income assistance from Ontario Works,
- income support from Ontario Disability Support Program,
- *Family Benefits Act* allowance,
- Old Age Security Pension together with the Guaranteed Income Supplement,
- War Veterans Allowance, and
- Canada Pension Plan benefits:

Yes     No

*If your answer to paragraph 6 is "Yes", do not complete paragraphs 7 to 10 or the Exhibits*

**AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST**

7. The number of people in my household, including me, my spouse and dependent children is:  
 1     2     3     4     5+
8. The gross monthly income of my household, from all sources, is:  
 Under \$1,500                       \$1,500-\$2,249                       \$2,250-\$2,582  
 \$2,583-\$3,082                       \$3,083-\$3,582                       \$3,583 or more
9. The total amount of my household's liquid assets is less than \$1,500:     Yes                       No
10. My household's net worth is less than \$6,000:                       Yes                       No

If your answer to paragraph 5 is "(a) Yes" or your answer to paragraph 6 is "Yes", cross out paragraphs 11 and 12 and do not complete the Exhibits.

11. Attached as Exhibit "A" is a financial statement that accurately sets out my household's estimated monthly income, expenses and assets.
12. Attached as Exhibit "B" is a copy of (select one):  
 the first document I filed or wish to file in this proceeding that sets out my position in the case (for example, statement of claim or application; statement of defence, answer).  
**OR**  
 the order I wish to enforce or continue enforcing.

This information is accurate to the best of my knowledge and belief. I agree to provide financial information and records, if requested, to confirm the information in this Request Form.

SWORN (OR AFFIRMED) BEFORE ME AT the (City,  
 Town, etc.) of Tel-Aviv, in the State of Israel  
 on (date) 17 OF DECEMBER 2012

SWORN, DECLARED,  
 AFFIRMED BEFORE ME AT THE  
 CITY OF TEL AVIV IN THE  
 STATE OF ISRAEL ON  
 HIS 17 DAY OF DECEMBER  
 A.D., 2012

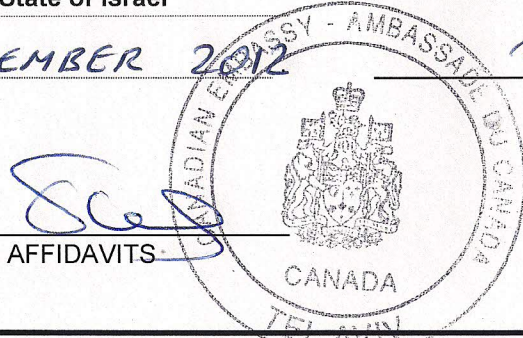
*[Handwritten Signature]*

(Signature of Requestor)

**T. ELIAZ**  
 Senior Consular Program Officer  
 CANADIAN EMBASSY  
 TEL AVIV, ISRAEL

**Consular Section**  
 CANADIAN EMBASSY  
 3 NIRIM STREET  
 TEL-AVIV 67060 ISRAEL

COMMISSIONER FOR TAKING AFFIDAVITS  
 (or as may be)



**WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT**

**NOTE:** For more information on **fee waiver**, please contact your local court or enforcement office. A listing of court addresses can be found on the Ministry of the Attorney General website at: [www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca). Please remember that court and enforcement staff cannot complete the forms for you or give you legal advice about your case.

Personal information contained on this form is collected under the authority of ss. 4.3, 4.5 and 4.6 of the *Administration of Justice Act*, R.S.O. 1990, c. A.6. This information will be used to determine fee waiver eligibility. By signing this form, you agree to provide supporting financial documentation and records if requested to do so by the Ministry of the Attorney General, which would be used to confirm the information you provide in this form. If you have any questions regarding the **collection of personal information** for fee waiver requests, please contact the Manager of Administrative Services, Civil/Family Policy and Programs Branch, Ministry of the Attorney General, 720 Bay Street, 2<sup>nd</sup> floor, Toronto, ON M5G 2K1, (416) 326-1028.

## EXHIBIT "A"

[Please read the definitions in "A Guide to Fee Waiver Requests" before completing this form.]

SIGNED, SWORN, DECLARED,  
AFFIRMED BEFORE ME AT THE  
CITY OF TEL AVIV IN THE  
STATE OF ISRAEL ON  
THIS 17 DAY OF December  
A.D., 2012

Exhibit "A" to the affidavit of

Michael Jack, sworn/affirmed this

17 day of December, 20 12



*[Handwritten signature]*

COMMISSIONER FOR TAKING AFFIDAVITS  
(or as may be)

### FINANCIAL STATEMENT

**T. ELIAZ**  
Senior Consular Program Officer  
CANADIAN EMBASSY  
TEL AVIV, ISRAEL

**"Consular Section"**  
CANADIAN EMBASSY  
3 NIRIM STREET  
TEL-AVIV 67060 ISRAEL

**1. HOUSEHOLD**

Besides myself, the following individuals make up my household:

Name of individual	Relationship	Age
Refer to item 6 on page 8 of this form.		

**2. ESTIMATED NET MONTHLY HOUSEHOLD INCOME**

[Attach copies of documents proving your income – for example, most recent pay stubs, income tax returns and T-4 slips, benefit statements.]

Estimated net monthly household income from all sources (i.e., the income remaining after non-voluntary deductions such as income tax and union dues):

Employment	\$	2200
Pension	\$	0.00
Dividends	\$	0.00
Interest	\$	0.00
Support received (child and spousal)	\$	0.00
Other (please specify)	\$	
<b>TOTAL</b> (Estimated net monthly household income)	<b>\$</b>	<b>2200</b>

**3. ESTIMATED MONTHLY HOUSEHOLD EXPENSES**

*[Attach copies of receipts for the following:]*

Monthly expenses related to housing (e.g., rent, mortgage payments)	\$	500.00
Monthly expenses related to transportation (e.g., train passes, automotive maintenance)	\$	50
Monthly expenses related to household (e.g., utilities, maintenance)	\$	200
Monthly expenses related to medical and dental	\$	100
Other personal monthly expenses (e.g., food, clothing)	\$	400
Other monthly expenses, not included in above, related to dependant children <i>(please specify)</i>	\$	
Monthly debt payments <i>(please specify)</i>	\$	
<b>TOTAL</b> <b>(Estimated monthly household expenses)</b>	\$	1250

**4. HOUSEHOLD ASSETS**

*[Specify all assets, including liquid assets (e.g., bank accounts, RRSPs) and non-liquid assets (an asset that cannot readily be converted to cash, e.g., real property) and set out their estimated value.]*

Asset	Value
Checking account balance in the TD Bank	\$ 2,200
Checking account balance in the Union Bank Of Israel	\$ 5,000
Refer to item 12 on page 8 of this form	\$
	\$
	\$
	\$
	\$
	\$

**5. ADDITIONAL FINANCIAL INFORMATION**

**NOTE:** This section is **optional**. Complete it only if you would like to provide relevant information about your financial circumstances that has not already been set out in this affidavit.

*[Attach copies of any documents you have that prove the financial information you provide below.]*

I feel that the following information about my financial situation, which has not already been mentioned in this affidavit, is important to my request for fee waiver:

- 1) I am a Canadian citizen in so much that I worked hard to earn it (as referenced in Exhibit 'B').
- 2) I currently have an application before the Ontario Human Rights Tribunal that is in the hearing stages having commenced on May 22<sup>nd</sup>, 2012 - HRT0 File No: 2010-07633-I.
- 3) As referenced in Exhibit 'B' of this waiver request I will be filing a motion to freeze the proceedings pending confirmation that my claim before the Superior Court of Claim will be allowed to proceed.
- 4) My employment consists of irregular work in Israel to allow me to save enough money to purchase a ticket to Toronto for the continuation of the hearing.
- 5) The hearing commenced on May 22, 2012 and proceeded until the 24 after which I flew back to Israel and worked for roughly six months earning enough to purchase a ticket to Toronto for the continuation of the hearing which took place November 1 to 7, 2012. I then returned to Israel and I am currently working the same job in order to save enough money to attend the continuation when it is scheduled.
- 6) I live with my parents in Israel in their house and I own no assets other than my clothing, my laptop and personal necessities that can be packed into a suitcase for travel to Toronto.
- 7) While in Toronto I stay at my friend's residence. He is also the person representing me before the Tribunal under section 2 of the Tribunal's Rules on Representation. He is representing me freely and voluntarily as per the Tribunal's rules.
- 8) Being that I was unable to find suitable employment in Canada as referenced in my claim (Exhibit 'B') I live with my parents in Israel and travelling back and forth for the purposes of my application before the Tribunal.
- 9) It is my intentions that should my claim be allowed to proceed I will be filing a withdrawal of my application before the Tribunal.
- 10) In light of my personal circumstances as outlined in Exhibit 'B' and my financial affidavit I am seeking approval of this request in order that I can pursue the action against the defendants before the Superior Court of Justice in Ontario. It is my solemn affirmation that I will repay the Minister of Finance from this claim should it be successful.
- 11) With respect to section 6 of this waiver request:  
I have no income from any sources in Canada what so ever.
- 12) With respect to sections 9 and 10: The total worth of my other household's liquid assets consist of my clothes and laptop with a combined worth of approximately \$1,000.00. The total worth of household net worth is zero dollars.



**EXHIBIT 'B'**

**As attached - Statement of Claim**

SIGNED, SWORN, DECLARED,  
AFFIRMED BEFORE ME AT THE  
CITY OF TEL AVIV IN THE  
STATE OF ISRAEL ON

**EXHIBIT "B"**

THIS 17 DAY OF December  
A.D., 2012

Exhibit "B" to the affidavit of

**T. ELIAZ**  
Senior Consular Program Officer  
CANADIAN EMBASSY  
TEL AVIV, ISRAEL

**"Consular Section"**  
CANADIAN EMBASSY  
3 NIRIM STREET  
TEL-AVIV 67060 ISRAEL



**Michael Jack**, sworn/affirmed this

17 day of **December**, 20 12

\_\_\_\_\_  
COMMISSIONER FOR TAKING AFFIDAVITS  
(or as may be)

*[Attach either a copy of the first document you filed or wish to file in this proceeding that sets out your position in the case (for example, statement of claim or application; statement of defence, answer), or a copy of the order you wish to enforce or continue enforcing, as appropriate.]*