

## 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.

(b)


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:

<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

SWORN, 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

on (date) 17 OF DECEMBER 2012

*[Handwritten Signature]*

(Signature of Requestor)

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

**Consular Section**  
 CANADIAN EMBASSY  
 3 MIRIM STREET  
 TEL AVIV 67060 ISRAEL

*[Handwritten Signature]*  
 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



[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 NINIM 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>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 - HRTO 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.





# Tax return Summary

for 2010 taxation year



H&R BLOCK

Taxpayer

First name	Michael
Last name	Jack
Client number	1000021
Social insurance number	530-393-230
Date of birth	16-12-1972
Province of residence	Ontario
Street	564 Garside Drive
City	Peterborough
Province	Ontario
Postal code	K9H 7C7
Home phone number	00000000
Email address	mjack_31@hotmail.com

## Federal return

### Total income

Employment income		101	14,690	71
Employment insurance and other benefits		119 +	13,946	00
Interest and other investment income		121 +	115	39
Other income		130 +	5,852	19
Add lines 101, 104 to 143, and 147.		<b>150 =</b>	<b>34,604</b>	<b>29</b>

This is your total income.

### Net income

Pension adjustment	206	24	00	
Registered pension plan deduction		207	22	41
Annual union, professional, or like dues		212 +	194	79
Add lines 207 to 224, 229, 231, and 232.		233 -	217	20
This is your net income before adjustments.		234 =	34,387	09
This is your net income.		<b>236 =</b>	<b>34,387</b>	<b>09</b>

### Taxable income

Line 236 minus line 257 (if negative, enter "0")

This is your taxable income. **260 = 34,387 09**

### Step 1 - Federal non-refundable tax credits

Basic personal amount	300	10,382	00
CPP or QPP contributions: through employment	308 +	553	94
Employment Insurance premiums	312 +	254	15
Canada employment amount	363 +	1,051	00
	335 =	12,241	09
Multiply the amount on line 335 by 15%.	338 =	1,836	16
add lines 338 and 349.	<b>350 =</b>	<b>1,836</b>	<b>16</b>

Total federal non-refundable tax credits:

### Step 3 - Net federal tax

Tax on taxable income	(C)	5,158	06
Enter the amount from line 350.	404	5,158	06
	350	1,836	16
Add lines 350 to 427.	-	1,836	16
Basic federal tax (if negative, enter "0")	429 =	3,321	90
Federal tax	406 =	3,321	90
Line 406 minus line 416 (if negative, enter "0")	417 =	3,321	90

### Refund or Balance owing

Net federal tax:	add lines 417, 415 and 418.	420 =	3,321	90
Provincial or territorial tax		428 +	1,544	12
	This is your total payable.	<b>435 =</b>	<b>4,866</b>	<b>02</b>
Total income tax deducted	437	6,664	26	
CPP overpayment	448 +	142	34	
Provincial or territorial credits	479 +	106	26	
	These are your total credits.	482 -	6,912	86
	Line 435 minus line 482	=	(2,046	84)

Tax return Summary for 2010 taxation year

		Taxpayer
Refund	484	2,046 84
Balance owing	485	0 00

**Additional information**

Effective marginal tax rate	20.8%
Average tax rate (tax ÷ total income)	13.4%
GST/HST credit	314 70
Total RRSP deduction limit - 2011	25,997 28
Capital gain exemption available	375,000 00

CLIENT COPY

# Tax return Summary

for 2011 taxation year

Taxpayer

First name	MICHAEL
Last name	JACK
Client number	3620
Social insurance number	530-393-230
Date of birth	16-12-1972
Province of residence	Ontario
Street	564 GARSIDE DRIVE
City	PETERBOROUGH
Province	Ontario
Postal code	K9H 7C7
Home phone number	(705) 878-4240

## Federal return

### Total income

Line 234 minus line 235 (if negative, enter "0")

This is your net income. 236 = 

Taxpayer	0 00
----------	------

### Taxable income

Line 236 minus line 257 (if negative, enter "0")

This is your taxable income. 260 = 

0 00
------

### Step 1 - Federal non-refundable tax credits

Basic personal amount

300 10,527|00

Add lines 300 to 332. 335 = 10,527|00

Multiply the amount on line 335 by 15%. 338 = 1,579|05

add lines 338 and 349. 350 = 1,579|05

Total federal non-refundable tax credits:

Enter the amount from line 350.

350 1,579|05

Add lines 350 to 427. - 1,579|05

### Refund or Balance owing

Net federal tax:

add lines 417, 415 and 418. 420 = 0|00

Provincial or territorial tax

428 + 0|00

This is your total payable. 435 = 0|00

Refund 484 0|00

Balance owing 485 0|00

### Additional information

Marginal tax rate

0.00%

Average tax rate (total income taxes paid ÷ total income)

0.0%

GST/HST credit

260|00

Capital gain exemption available

375,000|00

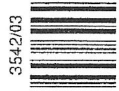




PAYMENT STATEMENT

DETAILS OF DIRECT DEPOSIT TO EMPLOYEE'S ACCOUNT

PAYMENT REFERENCE 021542 00030228442 SEP 16, 2010



LOCAT'N 41-5520 DIST CODE XWEB
M JACK
1049 PRIMROSE LANE, RR#4
PETERBOROUGH, ON K9J 6X5

098034
41 410906
068758

PROVINCE OF ONTARIO STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NO. ISSUE DATE CHEQUE NO. LOCATION TD-1 EXEMPTION TAXABLE BENEFITS
\*\*\*\*\* 09/16/2010 068758 41-XWEB 10375.00 5.88
MICHAEL JACK COMMUNITY SAFETY

Table with 5 columns: GROSS PAY, TAXABLE GROSS, TAXES, OTHER, NET PAY. Rows for CURRENT and YEAR-TO-DATE.

Table with 7 columns: EARNINGS, HOURS, GROSS AMOUNT, DEDUCTIONS, AMOUNT, DEDUCTIONS, AMOUNT. Lists various deductions like EI, PSPF, OPP SPP, CPP, INC TAX, OPPA DU, VAC ADV.

NOTE: Should your bank account change, notify your payroll/personnel office immediately. Do not close your old account until your pay begins to arrive at your new account.

(p1/f1 copy3 06/2005)

RETAIN FOR YOUR RECORDS

תלוש שכר לחודש 07/2012  
הודפס בתאריך 08/08/2012

תיק ניכויים: 926566605  
מספר תאגיד: 558021564

חברה : 145 - טריו סופט  
כתובת : הדרור 36  
ישוב : יבנה 81533

**פרטים אישיים**

מספר זהות: 303933998  
מספר העובד: 0013  
משרה: 1-יחידה  
משרה בי-ל: עיקרית  
בסיס השכר: חודשי  
מחלקה: 000  
מצב משפחתי: ר+0  
דרוג: 000  
דרגה: 000  
בנק: 00/000  
חשבון: 000000000  
ויתק מ-:

לכבוד

ז'אק מיכאל  
קקל 53/3  
אשדוד 77471

תאור התשלום	כמות	תעריף	גילום	שווי למס	התשלום	ניכויי חובה	הניכוי
01 משכורת					4400.00	ב.לאומי	50.25
06 ש. נוספות					1025.00	מס בריאות	181.75
04 נסיעות					100.00		
05 הבראה					75.00		
<b>סה"כ תשלומים</b>					<b>5600.00</b>	<b>ניכויי חובה</b>	<b>232.00</b>

מערבת מרפסי 2000 לחישוב שטר, מיל 5619475-03 לקוח - 2352235

שכר נטו 5368.00

חשבון חופשה		נתונים מצטברים		נתונים נוספים			
0.00	יתרה קודמת	5600.00	תשלומים	22	י"ע בחברה	11	ימי עבודה
.40	צבירה ח.ה.	5600.00	שכ.ב.לאומי	198.0	ש"ע בחברה	99.0	שעות עבודה
.00	ניצול ח.ה.	50.25	בט. לאומי	5600.00	שכר ב.לאומי	0.00	שעות העדרות
0.40	יתרה חדשה	181.75	מס בריאות	0.00	שכר מבוטח	9.00	שעות ליום
<b>חשבון מחלה</b>				0.00	בסיס קרה"ש	2.25	נק. רגילות
0.00	יתרה קודמת			204.17	ב.לאומי מעביד	2.00	נק. נוספות
.75	צבירה ח.ה.			4100.00	שכר מיכ.חודש	14%	אתוז מס שולי
.00	ניצול ח.ה.			22.04	שכר מינ.שנה	9.76%	קוד מהדורה
0.75	יתרה חדשה					7%	חישוב מצטבר
							אופן תשלום

ניכוי	ניכוי השנה
	<b>ניכויי רשות</b>

לתשלום 5368.00

תלוש שכר לחודש 08/2012  
הודפס בתאריך 09/09/2012

חברת : 145 - טריו סופט  
כתובת : הדרור 36  
ישוב : יבנה 81533  
תיק ניכויים: 926566605  
מספר תאגיד: 558021564

**פרטים אישיים**  
מספר זהות: 303933998  
מספר העובד: 0013  
משרה: 1-יהודה  
משרה בי-ל: עיקרית  
בסיס השכר: הודשי  
מחלקה: 000  
מצב משפחתי: ר+0  
דרגה: 000  
דרוג: 000  
חשבון: 000000000  
ותק מ-: 000000000  
בנק: 00/000

לכבוד  
זאק מיכאל  
קקל 53/3  
אשדוד 77471

הניכוי	נכויי חובה	התשלום	שווי למס	גילום	תעריף	כמות	תאור התשלום
108.54	מס הכנסה	8680.00					01 משכורת
442.71	ב.לאומי	2170.00					06 ש. נוספות
461.75	מס בריאות	200.00					04 נסיעות
		150.00					05 הכראה
1013.00	ניכויי חובה	11200.00					סה"כ תשלומים

שכר נטו	השבון חופשה	נתונים מצטברים	נתונים נוספים
10187.00	0.40 יתרה קודמת	16800.00 תשלומים	22 י"ע בחברה
	.40 צבירה ח.ז.	16800.00 שכ.ב.לאומי	198.0 ש"ע בחברה
	1.00 ניצול ח.ז.	108.54 מס הכנסה	11200.00 שכר ב.לאומי
	-0.20 יתרה חדשה	492.96 בט. לאומי	0.00 שכר מבוטח
		643.50 מס בריאות	0.00 בסיס קרה"ש
	<b>השבון מחלטה</b>		534.11 ב.לאומי מעביד
	0.75 יתרה קודמת		4100.00 שכר מינ. חודשי
	.75 צבירה ח.ז.		22.04 שכר מינ. שעה
	.00 ניצול ח.ז.		
	1.50 יתרה חדשה		
			22 ימי עבודה
			198.0 שעות עבודה
			0.00 שעות העדרות
			9.00 שעות ליום
			2.25 נק. רגילות
			2.00 נק. נוספות
			14% אחוז מס שולי
			9.76% קוד מהדורה
			7/כ חישוב מצטבר
			ישרות אופן תשלום

שכר נטו: 10187.00  
להשלום: 10187.00

משרת מיקל 2000 לחודש שכר נטו 10187.00 - ליקח - 2352233

תלוש שכר לחודש 09/2012  
הודפס בתאריך 08/10/2012

תיק ניכויים: 926566605  
מספר האגיד: 558021564

חברה : 145 - טריו סופט  
כתובת : הדרור 36  
ישוב : יבנה 81533

**פרטים אישיים**

מספר זהות: 303933998  
מספר העובד: 0013  
משרה בי-ל: עיקרית  
תושב: כן  
חלקיות המשרה: 1.0000  
ותק: 00.02.16  
תחילת עבודה: 15/07/2012

מסמך: 000  
דרגה: 000  
ותק מ: 000  
מחלקה: 000  
השבון: 000000000

מזב משפחתי: ר+0  
דרוג: 000  
בנק: 00/000

לכבוד  
ז'אק מיכאל  
קקל 53/3  
אשדוד 77471

הניכוי	גכויי חובה	התשלום	שווי למס	גילום	תעריף	כמות	תאור התשלום
135.13	מס הכנסה	8680.00					01 משכורת
287.01	כ.לאומי	2170.00					06 ש. נוספות
350.53	מס בריאות	200.00					04 נסיעות
		150.00					05 הבראה
		-2224.33			-509.00	4.37	01 משכורת
772.67	ניכויי חובה	8975.67					סה"כ תשלומים

מערבת מיכאל 2000 לודשוב שכר, טל' 03-5610475 - לוח - 2352235

שכר נטו 8203.00		השבון חופשה		נתונים מצטברים		נתונים נוספים	
		-0.20	יתרה קודמת	25775.67	תשלומים	22	י"ע בחברה
		.83	צבירה ח.ז.	25775.67	שכ.ב.לאומי	198.0	ש"ע בחברה
		.63	ניצול ח.ז.	243.67	מס הכנסה	8975.67	שכר ב.לאומי
		0.00	יתרה חדשה	779.97	בט. לאומי	0.00	שכר מבוטח
				994.03	מס בריאות	0.00	בסיס קרה"ש
			<b>השבון מחלה</b>			402.88	ב.לאומי מעביד
		1.50	יתרה קודמת			4100.00	שכר מי.חדש
		.75	צבירה ח.ז.			22.04	שכר מי.שעה
		.00	ניצול ח.ז.				
		2.25	יתרה חדשה				
							איפן תשלום

שכר נטו 8203.00

לתשלום 8203.00



תלוש שכר לחודש 10/2012  
הדפס בתאריך 09/11/2012

תיק ניכויים: 926566605  
מספר תאגיד: 558021564  
חברה: 145 - טריו סופט  
כתובת: 36 הדרור  
ישוב: 81533 יבנה

פרטים אישיים  
מספר זהות: 303933998  
מספר העובד: 0013  
משרה: 1-יחידה  
משרה בי-ל: עיקרית  
בסיס השכר: חודשי  
מחלקה: 000  
מצב משפחתי: ר+0  
דרוג: 000  
בנק: 00/000  
דרגה: 000  
חשבון: 000000000  
ויתק מ-:

לכבוד  
ז'אק מיכאל  
קקל 53/3  
אשדוד 77471

הניכוי	ניכויי חובה	התשלום	שווי למס	גילום	תעריף	כמות	תאור התשלום
197.92	מס הכנסה	10280.00					01 משכורת
368.10	ב.לאומי	2570.00					06 ש. נוספות
408.46	מס בריאות	200.00					04 נסיעות
360.71	פנסיה 01	150.00					05 הבראה
		-3065.81			-593.00	5.17	01 משכורת
1335.19	ניכויי חובה	10134.19					סה"כ תשלומים

מזכרת מעתקי 2000 להישב שכר, טרי 5619475-03 לקוח - 2352235

שכר נטו	השבון חופשה		נתונים מצטברים		נתונים נוספים		ימי עבודה
	יתרה קודמת	צבירה ח.ז.	תשלומים	שכ.ב.לאומי	י"ע בחברה	ש"ע בחברה	
8799.00	0.00	83	35909.86	198.0	22	198.0	22
	83	83	35909.86	10134.19	7214.19	0.00	שעות עבודה
	0.00	0.00	441.59	1148.07	0.00	9.00	שעות העדרות
			1402.49	360.71	1033.79	2.25	שעות ליום
					471.23	2.00	בנק. רגילות
					4300.00	21%	בנק. נוספות
					23.12	9.79%	אחוז מס שולי
						7/כ	קוד מהדורה
						ישראל	חישוב מצטבר
							אופן תשלום

שכר נטו 8799.00  
לתשלום 8799.00

תלוש שכר לחודש 11/2012  
הודפס בתאריך 30/11/2012

תיק ניכויים: 926605163  
מספר תאגיד: 514815620

חברה : 245 - טריוסופט בעמ  
כתובת : הדרוד 36  
ישוב : יבנה 81533

פרטים אישיים

מספר זהות: 303933998  
מספר העובד: 0002  
משרה: 1-יהודה  
משרה בי-ל: עיקרית  
בסיס השכר: חודשי  
מחלקה: 000  
מצב משפחתי: ר+0  
דרגה: 000  
בנק: 00/000  
חשבון: 000000000  
דרגה: 000  
חשבון: 000000000  
ויתק מ-:

לכבוד

ד"אק מיכאל  
קקל 353  
אשדוד 0

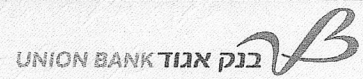
הניכוי	נכויי חובה	התשלום	שוי למס	גילום	תעריף	כמות	תאור התשלום
631.83	מס הכנסה	10280.00					01 משכורת
347.35	ב.לאומי	2570.00					06 ש.נוספות
393.63	מס בריאות	200.00					04 נסיעות
345.88	פגסיה	150.00					05 הבראה
		-3362.31			-593.00	5.67	01 משכורת
1718.69	ניכויי חובה	9837.69					סה"כ תשלומים

מזכרת מיכאלי 2000 לזיכוי שכר ט"ל 5619475-03 לקוח - 2352235

שכר נטו	חשבון חלופה	נתונים מצטברים	נתונים נוספים
8119.00	0.00 יתרה קדמת	9837.69 תשלומים	15 י"ע בחברה
	.83 צבירה ח.ו.	9837.69 שכ.ב.לאומי	131.0 ש"ע בחברה
	.83 ניצול ח.ו.	631.83 מס הכנסה	0.00 שכר ב.לאומי
	0.00 יתרה חדשה	347.35 בס.לאומי	8.45 שכר מבוטח
		393.63 מס בריאות	2.25 בסיס קרה"ש
		345.88 פגסיה	21% גמל מעביד
			9.79% ב.לאומי מעביד
			11/ק/ שכר מי.חודש
			ישירות שכר מי.שעה
			אופן תשלום

8119.00	לתשלום
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ס"פ: 070 ד יום עסקים: 16/12/12 מ: 130.12  
 מועד ביצוע הפעולה: 16/12/12 09:09:10 שם עובד: עדרי  
 בנכחות לקוח 008013: מס. מזהה: 00074: שוטרף



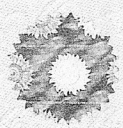
מחזור: 11/10/10 D 15/3 D 360-15/3 D 11:09 דפוס בא"י 502-013 RP: 135

5602630		מס' סניף	071	תאריך	16/12/12	מס' אשדוד	071
זכות		מ"ז		שם הלקוח			
		מיקוד		ז'אק מיכאל			
				מס' אשדוד 53			
				שם פעולה			
סניף	070	סניף	071	סוג חשבון	330	מס' חשבון	224189/07
				מס' פעולה		08013	
				מכירת שיק בנקאי - כנגד חשבון			
		סה"כ		מס' חשבו		מס' שיק בנקאי	
		1,016.00		למוטב בלבד		5602630	
		ש"ח		מס' שיק		1,000.00	
				עמלה		16.00	
				שכנו לפקודת			
				שגרירות קנדית			
				עבור			

חייבנו את חשבונכם תמורת שיק בנקאי

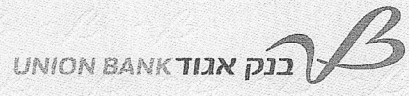
בנק אגוד לישראל בע"מ

10249-08 08//08/08 2. ללקוח



5602630

למוטב בלבד



PAY TO THE ORDER OF \_\_\_\_\_ שלמו לפקודת שגרירות קנדית

אלף ש"ח בלבד \*\*\*\*\*

שקל חדש NEW SHEQUEL \*1,000.00\*\*\*\*\*

UNION BANK OF ISRAEL LTD. בנק אגוד לישראל בע"מ

DATE 16/12/12 תאריך

SIGNATURE \_\_\_\_\_ חתימה אשדוד

מס' השיק \_\_\_\_\_ מס' הסניף \_\_\_\_\_ מס' חשבון \_\_\_\_\_

UNION BANK OF ISRAEL LTD. בנק אגוד לישראל בע"מ

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 ..... 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

[Signature]  
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.]

**STATUTORY DECLARATION**

TO: Ontario Superior Court of Justice  
AND TO: Lloyd Tapp  
RE: Michael Jack v. Ontario Provincial Police and Ontario Provincial Police Association


I, Michael Jack, of the City of Ashdod, in the State of Israel, make oath and say:

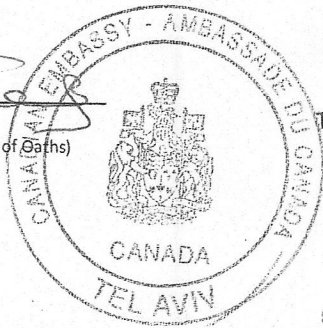
- 1) To the best of my knowledge, the information in my Statement of Claim is complete and accurate.
- 2) I understand that information about my Statement of Claim can become public at a trial, in a written decision or in any other manner through any Act governed by this court.
- 3) I also understand that, subject to any statutory restrictions this court may be required to release information it deems appropriate under the *Freedom of Information and Protection of Privacy Act (FIPPA)*.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is an offense of public mischief contrary to the Criminal code of Canada to accuse someone of committing a criminal offence while knowing the allegation to be false.

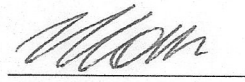
I further understand that, should this Statement of Claim proceed to a trial I would avail myself to the criminal charges of perjury and obstruction of justice contrary to the Criminal Code of Canada in the event that my testimony is found to be false.

SWORN BEFORE ME at the City of Tel-Aviv in the State of Israel,  
this 17 day of December, 2012

  
(Commissioner of Oaths)



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

  
(Signature of author)

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

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