

**REQUEST FOR AN ATTESTATION FOR THE PURPOSE OF RESILIATING A LEASE
 ON GROUNDS OF SEXUAL VIOLENCE, SPOUSAL VIOLENCE OR VIOLENCE TOWARDS
 A CHILD LIVING IN THE DWELLING COVERED BY THE LEASE**

(s. 1974.1 Civil Code of Quebec)

SECTION 1

- ☐ Mr.
☐ Ms.
☐ Other

Surname

First name

How can you be reached?

- ☐ At the following address
☐ Through the following person:

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. Owner or owner's representative

Surname

First name

No. and street

Apt.

Municipality

Postal code

Home telephone

Work telephone

3. Term of current lease

- ☐ lease for an indeterminate term
☐ lease of less than 12 months
☐ lease of 12 months or more

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 ☐

No ☐

1. Who has also signed the lease with you as co-lessee?

Surname: _____ First name: _____

2. What is your relationship with that person?

☐ partner ☐ ex-partner ☐ other (state): _____

5. Attach a copy of the lease

**SECTION 2
DESCRIPTION OF THE FACTS**

Describe the acts of sexual violence, spousal violence or violence towards a child living in the dwelling covered by the lease that motivate your request.

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

[illegible]

SECTION 3 POLICE INTERVENTION

Concerning 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 your safety or the safety of a child living with you

- *is threatened because of spousal violence, fill out **Section 4.1**;*
- *is threatened because of sexual violence, fill out **Section 4.2**;*
- *is threatened because of violence towards a child living in the dwelling covered by the lease, fill out **Section 4.3**;*
- *is threatened by two or three of the stated situations, fill out one of the corresponding section and state your fears arising from the events.*

SECTION 4.1

REASONS CAUSING YOU TO FEAR FOR YOUR SAFETY OR THE SAFETY OF A CHILD LIVING IN THE DWELLING COVERED BY THE LEASE BECAUSE OF SPOUSAL VIOLENCE

In your own words describe the facts causing you to fear for your safety or the safety of a child living in the dwelling covered by the lease 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, partner who does not accept the separation, presence of a new partner, accelerated degradation of the relationship, reactions of the partner after earlier separations, death threats from the partner (to partner, 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 partner, possessiveness, jealousy, quick and unexplained change in attitude and behavior, mental health problem, alcohol or drug abuse problem.

Presence of children: YES ☐

NO ☐

Number: age(s):

Presence or availability of weapons:

YES ☐

NO ☐

Do not know ☐

[illegible]

[illegible]

SECTION 4.2
REASONS CAUSING YOU TO FEAR FOR YOUR SAFETY OR THE SAFETY OF A CHILD LIVING
IN THE DWELLING COVERED BY THE LEASE BECAUSE OF SEXUAL VIOLENCE

In your own words describe the facts causing you to fear for your safety or the safety of a child living in the dwelling covered by the lease based on the sexual violence that you or the child has been subjected to. For example, one of the following situations may apply or all of them:

- You or the child has been sexually assaulted and the perpetrator knows the address of the dwelling, 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, breast), exhibitionism, voyeurism, luring, an attempt to impose sexual contact on you, threat of sexual assault.

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"/>
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[illegible]

[illegible]

REASONS CAUSING YOU TO FEAR FOR THE SAFETY OF A CHILD LIVING IN THE DWELLING COVERED BY THE LEASE BECAUSE OF VIOLENCE TOWARDS HIM

In your own words, describe the facts causing you to fear for the safety of a child based on the violence that the child has been subjected to and the perpetrator knows the address of the dwelling, can have access to it or, lives or travels in the vicinity of your home (or your neighbourhood). For example, one of the following situations may apply or all of them:

- The child has been subjected to sexual abuse with or without physical contact, including any form of sexual exploitation. The assault may have involved sexual touching (genitals, buttocks, breast), exhibitionism, voyeurism, luring, an attempt to impose sexual contact on you, threat of sexual assault.
- The child has already been physically assaulted or is at serious risk of being physically assaulted. This could include assault, threats, harassment, bullying, etc.

[illegible]

[illegible]

[illegible]



AUTHORIZATION

I, the undersigned, hereby authorize the public officer to communicate or receive personal information about me, or the child for whom I have parental authority, that is relevant to the processing of my request.

Declarant's name

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