

APPLICATION FOR AN URGENT ORDER TO CEASE OR PREVENT THE SHARING OF AN INTIMATE IMAGE

(Act to counter non-consensual sharing of intimate images, CQLR c P-9.0002)

CANADA
PROVINCE OF QUÉBEC
Courthouse:

For details on how to fill out each section and file the form, consult the [guidelines on Québec.ca](https://www.cqlr.qc.ca/guidelines-on-quebec-ca)

SECTION 1

Information on the organization or person (other than the person represented in the intimate image) completing the application

Name of organization, if applicable:

Last name, first name:

Address: (Street number and name, city, postal code)

Telephone number:

Age:
(Check the appropriate box)

18 or older
 14 to 17

Email address:

I consent to receiving email follow-ups from the court about the application.

I am filing the application for an order as:

- A person or organization authorized by the person represented in the intimate image
- A person or organization authorized by the Court
- The spouse, a close relative or a person connected by marriage of the deceased person represented in the intimate image
- Another legal representative (e.g., Parent of a child under 14 years of age, tutor, etc.)
- A person or organization seeking the Court's authorization

Specify the reason:

SECTION 2

Information on the person represented in the intimate image:

Last name, first name:

Age:

- 18 or older
- 14 to 17
- Under 14

SECTION 3

Information about the person, enterprise or organization that is sharing or threatening to share the intimate image

To obtain an urgent order to cease or prevent the sharing of an intimate image, you must provide, as applicable, information about:

- *the person(s) sharing or threatening to share the intimate image;*
- *the enterprise(s) or organization(s) sharing or threatening to share the intimate image.*

Please complete this section to the best of your knowledge using the information available to you.

If you do not have information about the person or enterprise, skip to section 3.

SECTION 3.1 - PERSON

If more than one person is sharing or threatening to share the intimate image, provide their information in Appendix 1 at the end of this form.

Last name, first name
(if known)

Address: (Street number and name, city, postal code)
(if known)

Date of birth:

If you do not know the date of birth of the person sharing or threatening to share the intimate image:

The person appears to be under 18

The person appears to be over 18

I don't know

Telephone number:
(if known)

Email address:
(if known)

Alleged facts
(Check all that
apply to
your situation)

This person shared the intimate image without consent.

This person is threatening to share the intimate image without consent.

SECTION 3.2 – ENTERPRISE OR ORGANIZATION

If more than one enterprise or organization is sharing or threatening to share the intimate image, provide their information in Appendix 2 at the end of this form.

Name of the enterprise
or organization:

Address of the enterprise or organization: (Street number and name, city, postal code, country)
(if known)

Alleged facts
(Check all that
apply to
your situation)

This enterprise or organization shared the intimate image without consent.

This enterprise or organization is threatening to share the intimate image without consent.

SECTION 4**Alleged facts**

If the intimate image is shared without consent, complete section 4.1

If there is a threat to share the intimate image without consent, complete section 4.2

If both situations apply, i.e., the intimate image is shared without consent and there is a threat of such sharing, complete both sections 4.1 and 4.2.

In both situations, you must complete section 4.3 to file supporting documents for your application. Any supporting documents you produce will be handled by the court in a manner that ensures their confidentiality.

SECTION 4.1

Details on the non-consensual sharing of an intimate image

Complete this section if the intimate image is shared without consent.

How was the intimate image shared?	<p><i>Check all that apply to your situation and provide as much detail as possible:</i></p> <p><input type="checkbox"/> Social network(s) Specify the social network(s): <input type="checkbox"/> Web site(s) Specify the web site(s): <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Other Specify:</p>
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If the intimate image is accessible on a web site or social network, provide the link. (Si applicable)	
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If the intimate image is shared on a social network, what screen name or user account posted it? Please provide any information to help identify the account. (e.g., a description of the profile photo, etc.) (If applicable)	
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SECTION 4.2

Circumstances surrounding the threat to share an intimate image

If the person represented in the image has received a threat to share this image, please explain what happened. This information will help the judge better understand the situation and render a decision regarding your application. For example, in your own words, explain:

- *How the images in question are intimate.*
- *Whether the person represented in the intimate image gave their consent to have it taken.*
- *If they did consent, whether they ever asked for the images to be destroyed.*
- *The way that the person that possesses the images is threatening to share them (what they said, what they wrote, etc.).*

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SECTION 4.3

Other document(s) relevant to the application for an urgent order to cease or prevent the sharing of an intimate image

This information will help the judge better understand the situation and render a decision regarding your application.

Any supporting documents you produce will be handled by the court in a manner that ensures their confidentiality.

Do you have a copy of the images related to your application?

If you do, you can attach a copy of the images to this form at the time of filing.

Check the applicable option:

I have a copy of the images related to my application and I will include them with my application.

I do not have a copy of the images.

Do you have other supporting documents for your application?
If yes, briefly describe them.

(e.g., Screen capture of conversations or text message threads, emails, etc.)

If you do, you can attach a copy of the images to this form at the time of filing.

No
 Yes Specify:

**SECTION 5
Conclusion**

Sign your application to finalize it.

For these reasons, I ask that the court:

Allow my application for an urgent order to cease or prevent the sharing of an intimate image.

On _____
Date

First and last name of the applicant

SECTION 6

Statement

This statement is required to obtain an order.

Statement of the person filing an application for an urgent order to cease or prevent the sharing of an intimate image:

- 1- I am a person or organization authorized to present the application for an urgent order to cease or prevent the sharing of an intimate image.
- 2- The intimate image is being shared, or a person is threatening to share it, without the consent of the person represented in the image.
- 3- I am applying for an order under the Act to counter non-consensual sharing of intimate images (CQLR, section 6, c. P-9.0002).
- 4- I hereby declare that all the information in my statement is true.

On _____
Date

First and last name of the applicant

APPENDIX 1

Use Appendix 1 to include information about any additional person who has shared or is threatening to share the intimate image referred to in section 3.1.

PERSON	
Last name, first name (if known)	
Address: (Street number and name, city, postal code) (if known)	
Date of birth:	If you do not know the date of birth of the person sharing or threatening to share the intimate image: <input type="checkbox"/> The person appears to be under 18. <input type="checkbox"/> The person appears to be over 18. <input type="checkbox"/> I don't know
Telephone number: (if known)	
Email address: (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This person shared the intimate image without consent. <input type="checkbox"/> This person is threatening to share the intimate image without consent.
PERSON	
Last name, first name (if known)	
Address: (Street number and name, city, postal code) (if known)	
Date of birth:	If you do not know the date of birth of the person sharing or threatening to share the intimate image: <input type="checkbox"/> The person appears to be under 18. <input type="checkbox"/> The person appears to be over 18. <input type="checkbox"/> I don't know
Telephone number: (if known)	
Email address: (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This person shared the intimate image without consent. <input type="checkbox"/> This person is threatening to share the intimate image without consent.

PERSON	
Last name, first name (if known)	
Address: (Street number and name, city, postal code) (if known)	
Date of birth:	<p>If you do not know the date of birth of the person sharing or threatening to share the intimate image:</p> <input type="checkbox"/> The person appears to be under 18. <input type="checkbox"/> The person appears to be over 18. <input type="checkbox"/> I don't know
Telephone number: (if known)	
Email address: (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This person shared the intimate image without consent. <input type="checkbox"/> This person is threatening to share the intimate image without consent.
PERSON	
Last name, first name (if known)	
Address: (Street number and name, city, postal code) (if known)	
Date of birth:	<p>If you do not know the date of birth of the person sharing or threatening to share the intimate image:</p> <input type="checkbox"/> The person appears to be under 18. <input type="checkbox"/> The person appears to be over 18. <input type="checkbox"/> I don't know
Telephone number: (if known)	
Email address: (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This person shared the intimate image without consent. <input type="checkbox"/> This person is threatening to share the intimate image without consent.

PERSON	
Last name, first name (if known)	
Address: (Street number and name, city, postal code) (if known)	
Date of birth:	<p>If you do not know the date of birth of the person sharing or threatening to share the intimate image:</p> <p><input type="checkbox"/> The person appears to be under 18.</p> <p><input type="checkbox"/> The person appears to be over 18.</p> <p><input type="checkbox"/> I don't know</p>
Telephone number: (if known)	
Email address: (if known)	
Alleged facts (Check all that apply to your situation)	<p><input type="checkbox"/> This person shared the intimate image without consent.</p> <p><input type="checkbox"/> This person is threatening to share the intimate image without consent.</p>

APPENDIX 2

Use Appendix 2 to include information about any additional enterprise or organization that has shared or is threatening to share the intimate image referred to in section 3.2.

ENTERPRISE OR ORGANIZATION	
Name of the enterprise or organization:	
Address of the enterprise or organization: (Street number and name, city, postal code, country) (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This enterprise or organization shared the intimate image without consent. <input type="checkbox"/> This enterprise or organization is threatening to share the intimate image without consent.
ENTERPRISE OR ORGANIZATION	
Name of the enterprise or organization:	
Address of the enterprise or organization: (Street number and name, city, postal code, country) (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This enterprise or organization shared the intimate image without consent. <input type="checkbox"/> This enterprise or organization is threatening to share the intimate image without consent.
ENTERPRISE OR ORGANIZATION	
Name of the enterprise or organization:	
Address of the enterprise or organization: (Street number and name, city, postal code, country) (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This enterprise or organization shared the intimate image without consent. <input type="checkbox"/> This enterprise or organization is threatening to share the intimate image without consent.

ENTERPRISE OR ORGANIZATION	
Name of the enterprise or organization:	
Address of the enterprise or organization: (Street number and name, city, postal code, country) (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This enterprise or organization shared the intimate image without consent. <input type="checkbox"/> This enterprise or organization is threatening to share the intimate image without consent.
ENTERPRISE OR ORGANIZATION	
Name of the enterprise or organization:	
Address of the enterprise or organization: (Street number and name, city, postal code, country) (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This enterprise or organization shared the intimate image without consent. <input type="checkbox"/> This enterprise or organization is threatening to share the intimate image without consent.
ENTERPRISE OR ORGANIZATION	
Name of the enterprise or organization:	
Address of the enterprise or organization: (Street number and name, city, postal code, country) (if known)	
Alleged facts (Check all that apply to your situation)	<input type="checkbox"/> This enterprise or organization shared the intimate image without consent. <input type="checkbox"/> This enterprise or organization is threatening to share the intimate image without consent.