

## EXPLANATORY NOTES

### TESTIMONIAL AIDS

(SJ-1322)

This form is used to inform the court office that a party wishes to obtain one or more testimonial aids. To obtain these aids, the party must file a certificate confirming that they have gone to an assistance organization for persons who are victims that is recognized by the Minister of Justice for help as a victim of family, spousal or sexual violence, or attach such a certificate to this form, pursuant to article 279 of the *Code of Civil Procedure*.

### TYPES OF FORMS

Dynamic PDF:

After completing the form, you can print it on letter-size paper, i.e., 8.5 inches by 11 inches (215.9 mm by 279.4 mm).

Paper:

If you complete the form by hand, please write legibly in block letters.

### PROCEDURE

Once the form is filled out, the person filing the certificate should keep a copy for their personal files.

### FILING AT THE COURT OFFICE

The form can be filed in person or by mail with the court office at the courthouse of the judicial district where the court record is filed, or by using the Digital Court Office of Québec ([Digital Court Services - Home](#)).

SECTION 1 – Identification of the party	
Last name, first name:	
SECTION 2 – Information on the court record	
Court record file number:	
<input type="checkbox"/> I have already filed a <i>Certificate confirming that a party has gone to an assistance organization for persons who are victims that is recognized by the Minister of Justice for help as a victim of family, spousal or sexual violence</i> in the file for which I wish to elect domicile.	
<input type="checkbox"/> Attached to this form, I am filing a <i>Certificate confirming that a party has gone to an assistance organization for persons who are victims that is recognized by the Minister of Justice for help as a victim of family, spousal or sexual violence</i> , however I am not electing domicile at my lawyer’s firm or at the court office.	
SECTION 3 – Testimonial aids	
<p>You can obtain one or more of the following testimonial aids after filing a <i>Certificate confirming that a party has gone to an assistance organization for persons who are victims that is recognized by the Minister of Justice for help as a victim of family, spousal or sexual violence</i>.</p> <p>Indicate which aids you would like. They will be available at all of the hearings concerning your file at which you testify.</p>	
I hereby inform the court that:	
<input type="checkbox"/> I will testify at a distance	
<i>Note that the Court may order you to testify in person even if you indicate on this form that you will testify at a distance (art. 279 CCP).</i>	
<input type="checkbox"/> I will testify by means of a device allowing me not to see the witnesses or the other party	
<input type="checkbox"/> I will be accompanied by someone I consider capable of providing assistance or reassurance	
Person’s last name, first name:	

I will be accompanied by a dog specifically trained for assistance in court

*To find a support dog, contact an organization offering this service.*

Dog handler's last name, first name:

**Signature**

On \_\_\_\_\_

Date

\_\_\_\_\_  
Party