

FORM 2
(PERSONAL)

CANADA

PROVINCE OF NEWFOUNDLAND AND LABRADOR

This is the Information of (1) _____
(your full name and date of birth)

of (2) _____ ,
(P.O. Box #/address , the town or city where you live, and your telephone number)

hereinafter called the Informant.

The Informant says the he/she has reasonable grounds to fear that (3) _____

(full name, P.O. Box #/address, date of birth and phone number of the defendant)

will cause him/her or his/her spouse or his/her child personal injury due to (4) _____
(defendant's name)

having between (5) _____ and (6) _____
(date defendant's actions started) (date defendant's actions ended)

at or near (7) _____
(the town or city where the defendant's actions occurred)

8) _____

The Informant prays for an Order that (9) _____ enter into a Recognizance
(defendant's name)

pursuant to Section 810 of the Criminal Code of Canada.

SWORN BEFORE ME this _____ day of _____,

at _____ , Newfoundland and Labrador.

(Signature of Justice of the Peace)

(Signature of Informant)