## **FACTORS TO BE SUBMITTED**

1	Name of Parties (clients) or file name:			
2	Payor's Yearly Income:			
3	Recipient's Yearly Income:			
4	Age of Payor: Age of Recipient:			
5	Length of Marriage/Cohabitation:			
6	Number of Dependent Children:			
7	Custody of Children by: Payor? _		Recipient?	
8	Special Circumstances (e.g. Disa	ability):		
number ( search. I Fax (To	ases often do not recite all-important factors re of cases returned, sometimes resulting in non However, we will endeavor to select the most oll Free): 1-888-776-2701 Toronto	ie returned. Therei important criteria Fax: (416) 84	fore we may not be able to accommodate all to (in our opinion) to complete the search unless 10-0691 Attention: Mr. J. Syrtas ************************************	actors in the same directed otherwise. <b>h</b>
and ar	eknowledge and agree to the fee for ny additional services requested be NT: VISA, M.C. or AMEX CARD NO:	elow.	·	GST/HST
	DATE:			
	ON CARD (please print):			
SIGNAT	URE:			
Please	use a cover sheet with name, address an	nd phone numbe	er of your firm or fill in below.	
NAME: _				_
FIRM NA	AME:			_
ADDRES	SS:			_
CITY: _		POSTAL CODE: _		
PHONE:	:	FAX:		
DELIVEI	RY OPTIONS Please circle your choic	ce:		
Option <sup>1</sup>	1: Email Address:			
Option 2	2: Regular Mail			
Option (	3: Courier (extra charge) as per destination	on		
If more	than one delivery option is chosen an add	ditional \$25 char	rge will apply.	
SPECIA	L DELIVERY INSTRUCTIONS			
If the S	SAG Report is required please fill in the "	SSAG Input For	m" available on our website	

An additional \$500.00 fee will apply if you request this report.