

Small Claims Court

Claim No.

Address

Phone Number

BETWEEN

Plaintiff(s)

and

Defendant(s)

TO THE CLERK OF THE

(Name of Small Claims Court location)

SMALL CLAIMS COURT:

My name is

(Name of party/representative)

and I request that the clerk of the court:

(Check appropriate box(es)).

note defendant(s)

(Name of defendant(s))

in default for failing to file a Defence (Form 9A) within the prescribed time period [R. 11.01(1)].

schedule an assessment hearing (all defendants have been noted in default) [R. 11.03(2)(b)].

schedule a terms of payment hearing because I dispute the defendant's proposed terms of payment contained in the Defence (Form 9A) [R. 9.03(3)].

schedule a trial [R. 16.01(1)(b)].

accept payment in the amount of \$ _____ into court

(Amount)

according to an order of the court, dated _____, 20 ____ .

for a person under disability according to an order or settlement dated

_____, 20 ____ [R. 4.08(1)].

pursuant to the attached written offer to settle, dated _____, 20 ____ [R. 14.05(2)].

according to the following legislation:

(Name of statute or regulation and section)

Les formules des tribunaux sont affichées en anglais et en français sur le site www.ontariocourtforms.on.ca. Visitez ce site pour des renseignements sur des formats accessibles.

