

Court File No. \_\_\_\_\_

**To the Accountant of the Superior Court of Justice or the Clerk of the Small Claims Court:**My name is \_\_\_\_\_  
(Full name)I live at \_\_\_\_\_  
(Address (street and number, unit, municipality, province, and postal code))I wish to have money:  paid into court. I have completed Section A below.  
 paid out of court. I have completed Section B below.**Section A: Request to pay money into court**

- I am paying money into court under the following statute or court rule: \_\_\_\_\_  
(List the statute or court rule, including the section number)
- I am paying money into court because a judge ordered me to. A copy of the court order stamped with the court's red seal is attached.

**If you are paying money into court for a person under disability, please complete the following:**I am paying money into court for: \_\_\_\_\_, born on \_\_\_\_\_,  
(Name of person under disability) (MM/DD/YYYY)who lives at: \_\_\_\_\_,  
(Address (street and number, unit, municipality, province, and postal code))telephone number: \_\_\_\_\_  
(xxx) xxx-xxxxS/he is:  a minor (under the age of 18).  a mentally incapable person.Her/his litigation guardian is: \_\_\_\_\_  
(Name of litigation guardian)\_\_\_\_\_  
(Address (street and number, unit, municipality, province, and postal code))\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

\* A request to pay into court does not need to be sworn/affirmed before a commissioner for taking affidavits.

**Section B: Request to have money paid out of court and supporting affidavit**I ask that \$ \_\_\_\_\_ be paid out to:  me, as ordered by the court (payment will be sent to the address above), or  
 \_\_\_\_\_, who lives at  
(Name of other person named in court order)\_\_\_\_\_  
(Address (street and number, unit, municipality, province, and postal code))

A copy of the court order stamped with the court's red seal is attached.

I swear/affirm that the time allowed for an appeal has ended and no appeal is pending.

Sworn/Affirmed before me at \_\_\_\_\_  
(Municipality)in \_\_\_\_\_  
(Province, state or country)on \_\_\_\_\_, 20\_\_\_\_\_  
Commissioner for taking affidavits  
(Type or print name below is signature if illegible.)\_\_\_\_\_  
Signature

(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)

**WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.**