

Superior Court of Justice

(Name of court)

Court File Number

FC-24-00000124-0000

at

Second St. W., Cornwall, ON K6J1G3

Form 10: Answer

Court office address

Applicant(s)

Full legal name:	Natashia Lynn Michinski
Address:	15490 ashburn rd, berwick, Ontario k0c1g0
Phone & fax:	Phone: 6133160412
Email:	nmchinski@gmail.com

Applicant(s) Lawyer

Name:	M Anne Vespry Barrister and Solicitor
Address:	Suite 642 99-1568 Merivale Rd Ottawa, ON
Phone & fax:	613-800-8334
Email:	anne@vespry.ca

Respondent(s)

Full legal name:	Justin Skyler Zanth
Address:	15490 ashburn rd, berwick, Ontario k0c1g0
Phone & fax:	
Email:	skylerzanth@gmail.com

Respondent(s) Lawyer

Name:	
Address:	
Phone & fax:	
Email:	

Name & address of Children's Lawyer's agent for service (street & number, municipality, postal code, telephone & fax numbers and email address (if any)) and name of person represented.

INSTRUCTIONS: Financial Statement

COMPLETE A FINANCIAL STATEMENT (Form 13) IF:

- you are making or responding to a claim for spousal support; or
- you are responding to a claim for child support; or
- you are making a claim for child support in an amount different from the table amount specified under the Child Support Guidelines.

You must complete all parts of the form **UNLESS** you are **ONLY** responding to a claim for child support in the table amount specified under the Child Support Guidelines **AND** you agree with the claim. In that case, only complete Parts 1, 2 and 3.

COMPLETE A FINANCIAL STATEMENT (Form 13.1) IF:

- you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents; or
- you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents together with other claims for relief.

TO THE APPLICANT(S):

If you are making a claim against someone who is not an applicant, insert the person's name and address here.

AND TO: (full legal name) _____ an added respondent,

of (address of added party) _____

My name is (full legal name) **Justin Skyler Zanth**

1. I agree with the following claim(s) made by the applicant: (Refer to the numbers alongside the boxes on page 4 of the application form.)

See Schedule A

2. I do not agree with the following claim(s) made by the applicant: *(Again, refer to the numbers alongside the boxes on page 4 of the application form.)*

See Schedule A

3. ☒ I am asking that the applicant's claim (except for the parts with which I agree) be dismissed with costs.

4. ☒ I am making a claim of my own.
(Attach a "Claim by Respondent" page and include it as page 3. Otherwise, do not attach it.)

5. ☐ The FAMILY HISTORY, as set out in the application ☐ is correct.
☒ is not correct.

(If it is not correct, attach your own FAMILY HISTORY page and underline those parts that are different from the applicant's version.)

6. The important facts that form the legal basis for my position in paragraph 2 are as follows:
(In numbered paragraphs, set out the facts for your position. Attach an additional sheet and number it if you need more space.)

1. See Schedule A

RESPONDENT'S CERTIFICATE

(Your lawyer, if you are represented, must complete the Lawyer's Certificate below.)

Sections 7.1 to 7.5 of the *Divorce Act* and section 33.1 of the *Children's Law Reform Act* require you and the other party to:

- Exercise your decision-making responsibility, parenting time, or contact with a child in a manner that is consistent with the child's best interests;
- Protect the child from conflict arising from this case, to the best of your ability;
- Try to resolve your family law issues by using out-of-court dispute resolution options, if it is appropriate in your case (for more information on dispute resolution options available to you, including court-connected mediation, you can visit the [Ministry of the Attorney General's website](#) or www.stepstojustice.ca);
- Provide complete, accurate, and up-to-date information in this case; and
- Comply with any orders made in this case.

I certify that I am aware of these duties under the *Divorce Act* and the *Children's Law Reform Act*.

5/31/2024

Date of signature



Respondent's signature

LAWYER'S CERTIFICATE

My name is: _____
and I am the respondent's lawyer in this case. I certify that I have complied with the requirements of section 7.7 of the *Divorce Act* and section 33.2 of the *Children's Law Reform Act* regarding reconciliation and the duty to discuss and inform.

Date

Lawyer's signature

CLAIM BY RESPONDENT

Fill out a separate claim page for each person against whom you are making your claim(s).

7. THIS CLAIM IS MADE AGAINST

THE APPLICANT



AN ADDED PARTY, whose name is: (full legal name)

(If your claim is against an added party, make sure that this person's name appears on page 1 of this form.)

8. I ASK THE COURT FOR THE FOLLOWING:

(Claims below include claims for temporary orders.)

Claims under the Divorce Act <i>(Check boxes in this column only if you are asking for a divorce and your case is in the Superior Court of Justice or Family Court of the Superior Court of Justice.)</i>	Claims relating to property <i>(Check boxes in this column only if your case is in the Superior Court of Justice or Family Court of the Superior Court of Justice.)</i>	Claims relating to child protection
00 <input type="checkbox"/> a divorce 01 <input type="checkbox"/> support for me 02 <input type="checkbox"/> support for child(ren) – table amount 03 <input type="checkbox"/> support for child(ren)-other than table amount 04 <input type="checkbox"/> decision-making responsibility for child(ren) 05 <input type="checkbox"/> parenting time with child(ren) 06 <input type="checkbox"/> contact with child(ren) <i>(this requires court leave)</i>	22 <input checked="" type="checkbox"/> equalization of net family properties 23 <input type="checkbox"/> exclusive possession of matrimonial home 24 <input type="checkbox"/> exclusive possession of contents of matrimonial home 25 <input type="checkbox"/> freezing assets 26 <input type="checkbox"/> sale of family property	40 <input type="checkbox"/> access 41 <input type="checkbox"/> lesser protection order 42 <input type="checkbox"/> return of child(ren) to my care 43 <input type="checkbox"/> place child(ren) into care of (name) 44 <input type="checkbox"/> interim society care and custody for months 45 <input type="checkbox"/> society supervision of my child(ren) for months
Claims under the Family Law Act or Children's Law Reform Act	Other claims	Other (Specify.)
10 <input type="checkbox"/> support for me 11 <input type="checkbox"/> support for child(ren) – table amount 12 <input type="checkbox"/> support for child(ren) – other than table amount 13 <input type="checkbox"/> decision-making responsibility for child(ren) 14 <input type="checkbox"/> parenting time with child(ren) 15 <input checked="" type="checkbox"/> restraining/non-harassment order 16 <input type="checkbox"/> indexing spousal support 17 <input type="checkbox"/> declaration of parentage 18 <input type="checkbox"/> guardianship over child's property 19 <input type="checkbox"/> contact with child(ren) <i>(this does not require court leave)</i> 20 <input type="checkbox"/> Wrongful removal to or retention of child(ren) in Ontario involving a country outside Canada under the Convention on the Civil Aspects of International Child Abduction 21 <input type="checkbox"/> Wrongful removal to or retention of child(ren) in Ontario involving a country outside Canada NOT under the Convention on the Civil Aspects of International Child Abduction	30 <input type="checkbox"/> costs 31 <input type="checkbox"/> annulment of marriage 32 <input type="checkbox"/> prejudgment interest 33 <input type="checkbox"/> claims relating to a family arbitration	50 <input checked="" type="checkbox"/> See below

Give details of the order that you want the court to make. (Include any amounts of support (if known) and the name(s) of the child(ren) for whom you are claiming decision-making responsibility, parenting time, or contact in this case.)

[See Schedule A](#)

IMPORTANT FACTS SUPPORTING MY CLAIM(S)

(In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.)

See Schedule A

Put a line through any blank space left on this page.

Date of signature

Respondent's signature



For information on accessibility of court services for people with disability-related needs, contact:



Telephone: 416-326-2220 / 1-800-518-7901 TTY: 416-326-4012 / 1-877-425-0575



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