

at 7755 Hurontario Street, Brampton, Ontario L6W 4T1

(Court office address)

Form 10: Answer

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

JOHN SMITH
188 Main Street
Toronto, Ontario
M5C 2G8

Tel: 416- 222-2222

Fax: 416-222-2223

john@mail.com

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

JANE SMITH
200 King Street
Toronto, Ontario
H3X 3H5

Tel: 416 333-3333

Fax: 416-333-3334

jane@mail.com

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

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 APPLICANTS:

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) _____

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.)
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.)

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.)*

Put a line through any blank space left on this page

Date of signature

Respondent'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 the 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 <i>Divorce Act</i> <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	20 <input type="checkbox"/> equalization of net family properties	40 <input type="checkbox"/> access
01 <input type="checkbox"/> support for me	21 <input type="checkbox"/> exclusive possession of matrimonial home	41 <input type="checkbox"/> lesser protection order
02 <input type="checkbox"/> support for child(ren) - table Amount	22 <input type="checkbox"/> exclusive possession of contents of matrimonial home	42 <input type="checkbox"/> return of child(ren) to my care
03 <input type="checkbox"/> support for child(ren) - other than table amount	23 <input type="checkbox"/> freezing assets	43 <input type="checkbox"/> place child(ren) into care of <i>(name)</i> _____
04 <input type="checkbox"/> custody of child(ren)	24 <input type="checkbox"/> sale of family property	44 <input type="checkbox"/> interim society care and custody for _____ months
05 <input type="checkbox"/> access to child(ren)		45 <input type="checkbox"/> society supervision of my child(ren) for _____ months
Claims under the <i>Family Law Act</i> or <i>Children's Law Reform Act</i>	Other claims	
10 <input type="checkbox"/> support for me	30 <input type="checkbox"/> costs	
11 <input type="checkbox"/> support for child(ren) – table Amount	31 <input type="checkbox"/> annulment of marriage	
12 <input type="checkbox"/> support for child(ren) – other than table amount	32 <input type="checkbox"/> prejudgment interest	
13 <input type="checkbox"/> custody of child(ren)	33 <input type="checkbox"/> claims relating to a family arbitration	
14 <input type="checkbox"/> access to child(ren)		
15 <input 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		
50 <input type="checkbox"/> other <i>(Specify.)</i>		

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 support, custody or access is claimed.)*

IMPORTANT FACTS SUPPORTING MY CLAIM(S)

(In numbered paragraphs, set out the facts that form the legal basis for your other claim(s).)

Put a line through any blank space left on this page

Date of signature

Respondent's signature

LAWYER'S CERTIFICATE

For divorce cases only

My name is: _____

and I am the respondent's lawyer in this divorce case. I certify that I have complied with the requirements of section 9 of the *Divorce Act*.

Date of signature

Signature of Lawyer



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



1. I agree with the following claim(s) made by the applicant:

Under the Divorce Act

- 00 ☐ a divorce
 01 ☐ support for me
 02 ☐ support for child(ren) – table amount
 03 ☐ support for child(ren) – other than table amount
 04 ☐ custody of child(ren)
 05 ☐ access to child(ren)

Family Law Act or Children's Law Reform Act

- 10 ☐ support for me
 11 ☐ support for child(ren) – table amount
 12 ☐ support for child(ren) – other than table amount
 13 ☐ custody of child(ren)
 14 ☐ access to child(ren)
 15 ☐ restraining/non-harassment order
 16 ☐ indexing spousal support
 17 ☐ declaration of parentage
 18 ☐ guardianship over child's property

Claims relating to property

- 20 ☐ equalization of net family properties
 21 ☐ exclusive possession of matrimonial home
 22 ☐ exclusive possession of contents of matrimonial home
 23 ☐ freezing assets
 24 ☐ sale of family property

Other claims

- 30 ☐ costs
 31 ☐ annulment of marriage
 32 ☐ prejudgment interest
 33 ☐ claims relating to a family arbitration

Claims relating to child protection

- 40 ☐ access
 41 ☐ lesser protection order
 42 ☐ return of child(ren) to my care
 43 ☐ place child(ren) into care of (name)
 44 ☐ interim society care and custody for _____ months
 45 ☐ society supervision of my child(ren) for _____ months

50 ☐ other

2. I do NOT agree with the following claims made by the applicant:

Under the Divorce Act

- 00 ☐ a divorce
 01 ☐ support for me
 02 ☐ support for child(ren) – table amount
 03 ☐ support for child(ren) – other than table amount
 04 ☐ custody of child(ren)
 05 ☐ access to child(ren)

Family Law Act or Children's Law Reform Act

- 10 ☐ support for me
 11 ☐ support for child(ren) – table amount
 12 ☐ support for child(ren) – other than table amount
 13 ☐ custody of child(ren)
 14 ☐ access to child(ren)
 15 ☐ restraining/non-harassment order
 16 ☐ indexing spousal support
 17 ☐ declaration of parentage
 18 ☐ guardianship over child's property

Claims relating to property

- 20 ☐ equalization of net family properties
 21 ☐ exclusive possession of matrimonial home
 22 ☐ exclusive possession of contents of matrimonial home
 23 ☐ freezing assets
 24 ☐ sale of family property

Other claims

- 30 ☐ costs
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 32 ☐ prejudgment interest
 33 ☐ claims relating to a family arbitration

Claims relating to child protection

- 40 ☐ access
 41 ☐ lesser protection order
 42 ☐ return of child(ren) to my care
 43 ☐ place child(ren) into care of (name)
 44 ☐ interim society care and custody for _____ months
 45 ☐ society supervision of my child(ren) for _____ months

50 ☐ other

APPLICANT:

Divorced before? ☐ No ☐ Yes (Place and date of previous divorce)

Divorced before? ☐ No ☐ Yes (Place and date of previous divorce)

☐ Separated on (date) _____ ☐ Never lived together ☐ Still living together

[illegible]