

ONTARIO

Court file number

(Name of court)

at _____
Court office address _____**Form 32.1A: Dispute of
Request for Enforcement****Applicant(s)**

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

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).

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

My name is (full legal name) _____

I live in (municipality & province) _____

And I swear/affirm that the following is true:

1. I am the Respondent in this case.
2. I do not agree with the Applicant's request to enforce the terms of the family arbitration award dated _____.
3. I dispute paragraphs (select the particular paragraphs of the request that you are disputing) _____ of the Applicant's Form 32.1: Request to Enforce a Family Arbitration Award for the following reasons:

4. The Applicant's FAMILY HISTORY is correct.

- The Applicant's FAMILY HISTORY is incorrect and should be corrected as follows:

Sworn/Affirmed before me at _____
municipality _____in _____
provinc, state or country _____on _____
date _____ Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

Signature

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

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