

ONTARIO

Court file number

(Name of Court)

at _____
Court office address**Form 12: Notice of Withdrawal****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).

TO ALL PARTIES:My name is (*full legal name*) _____

I withdraw this application dated *(date)* _____
 answer dated *(date)* _____
 notice of default hearing dated *(date)* _____
 notice of motion dated *(date)* _____
 (*Other; specify*) _____

against (*names of parties against whom there is to be a withdrawal*)

_____ completely. regarding (*State limited nature of withdrawal.*)*Signature of party making withdrawal or of party's lawyer**Date of signature*

NOTE TO OTHER PARTIES: If a case, an enforcement, a motion, etc., has been wholly or partly withdrawn against you by this notice, you are entitled to your costs from the party making the withdrawal unless the court orders otherwise or unless the parties agree otherwise.