

ONTARIO

Court file number

(Name of Court)

at _____
Court office address**Form 10A: Reply By**

- applicant
 added respondent

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).

Children's Lawyer

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

INSTRUCTIONS: Financial Statement**COMPLETE A FINANCIAL STATEMENT (Form 13) IF:**

- you are responding to a claim for spousal support; or
- you are responding to a claim for child support.

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 ALL PARTIES:

1. My name is (*full legal name*)
2. I agree with the following claim(s) made by the respondent in his/her answer: (*Refer to the numbers alongside the boxes on page 3 of the answer form.*)
3. I do not agree with the following claim(s) made by the respondent: (*Again, refer to the numbers alongside the boxes on page 3 of the answer form.*)
4. I am asking that the respondent's claim (except for the parts with which I agree) be dismissed with costs.

5. The important facts supporting my position in paragraph 3 are as follows: (*In numbered paragraphs, set out the reasons for your position. Attach an additional sheet and number it if you need more space.*)

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

Date of Signature

Signature