Form 35B

Courts of Justice Act

answers on written examination for discovery

(General heading)

answers on written examination for discovery

I, *(full name of deponent)*, of the *(*City, Town, *etc.*) of , in the *(*County, Regional Municipality, *etc.*) of , the *(identify the capacity in which the deponent makes the affidavit)*, MAKE OATH AND SAY *(or* AFFIRM*)* that the following answers to the questions dated *(date)* submitted by the *(identify examining party)* are true, to the best of my knowledge, information and belief*:*

1.  *(Number each answer to correspond with the question. Where the deponent objects to answering a question, state*: I object to answering this question on the ground that it is irrelevant to the matters in issue *or* that the information sought is privileged because *(specify)* *or as may be*.*)*

***Sworn* or *Affirmed* before me:** *(select one):*  in person OR   by video conference

***Complete if affidavit is being sworn or affirmed in person:***

at the (City, Town, etc.) of .................................................................... in the (County, Regional Municipality, etc.) of ..................................................., on *(date)*.

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*Signature of Commissioner (or as may be)*  *Signature of Deponent*

***Use one of the following if affidavit is being sworn or affirmed by video conference:***

***Complete if deponent and commissioner are in same city or town:***

by ..................... (*deponent’s name*) at the (City, Town, etc.) of ..................... in the (County, Regional Municipality, etc.) of ....................., before me on ..................... (*date*) in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. ………………………………………………………

Commissioner for Taking Affidavits *(or as may be)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature of Commissioner (or as may be)*  *Signature of Deponent*

***Complete if deponent and commissioner are not in same city or town****:*

by ..................... (*deponent’s name*) of (City, Town, etc.) of ..................... in the (County, Regional Municipality, etc.) of ....................., before me at the (City, Town, etc.) of ..................... in the (County, Regional Municipality, etc.) of....................., on ..................... (*date*) in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. ………………………………………………………

Commissioner for Taking Affidavits *(or as may be)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature of Commissioner (or as may be)*  *Signature of Deponent*

RCP-E 35B (February 1, 2021)