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| ONTARIO | | | | | | | | | | | |
|  |  | | | | | | | |  | Court File Number | |
| (Name of court) | | | | | | | |  | |
| **at** |  | | | | | | | | Form 10: Answer | |
|  | Court office address | | | | | | | |  | |
| **Applicant(s)** | | | | | |  | **Applicant(s) Lawyer** | | | | |
| Full legal name: | | | |  | |  | Name: |  | | | |
| Address: | | | |  | | Address: |  | | | |
| Phone & fax: | | | |  | | Phone & fax: |  | | | |
| Email: | | | |  | | Email: |  | | | |
|  | | | | | |  |  | | | | |
| **Respondent(s)** | | | | | |  | **Respondent(s) Lawyer** | | | | |
| Full legal name: | | | |  | |  | Name: |  | | | |
| Address: | | | |  | | Address: |  | | | |
| Phone & fax: | | | |  | | Phone & fax: |  | | | |
| Email: | | | |  | | Email: |  | | | |
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|  | | | | | | | | | | | |
| Name & address of Children's Lawyer's agent for service (street & number, municipality, postal code, telephone & fax numbers and email address (if any)) and name of person represented. | | | | | | | | | | | |
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| 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 APPLICANT(S): | | | | | | | | | | | |
| 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.)* | | | | | | | | | |
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| Form 10: | | | Answer | (page 2) | | | Court File Number |
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| **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. Attach an additional sheet and number it if you need more space.) | | | | | | |
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| Form 10: | Answer | | | | (page 3) | | | Court File Number |
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| **RESPONDENT’S CERTIFICATE** | | | | | | | | |
| *(Your lawyer, if you are represented, must complete the Lawyer’s Certificate below.)* | | | | | | | | |
| Sections 7.1 to 7.5 of the *Divorce Act* and section 33.1 of the *Children’s Law Reform Act* require you and the other party to:   * Exercise your decision-making responsibility, parenting time, or contact with a child in a manner that is consistent with the child’s best interests; * Protect the child from conflict arising from this case, to the best of your ability; * Try to resolve your family law issues by using out-of-court dispute resolution options, if it is appropriate in your case (*for more information on dispute resolution options available to you, including court-connected mediation, you can visit the* [*Ministry of the Attorney General’s website*](https://www.attorneygeneral.jus.gov.on.ca/english/family/faq.php) *or* [*www.stepstojustice.ca*](https://stepstojustice.ca/legal-topic/family-law/out-court-options)); * Provide complete, accurate, and up-to-date information in this case; and * Comply with any orders made in this case.   I certify that I am aware of these duties under the *Divorce Act* and the *Children’s Law Reform Act*. | | | | | | | | |
|  | | | |  | |  | | |
| Date of signature | | | |  | | Respondent’s signature | | |
| LAWYER’S CERTIFICATE | | | | | | | | |
| My name is: | |  | | | | | | |
| and I am the respondent’s lawyer in this case. I certify that I have complied with the requirements of section 7.7 of the *Divorce Act* and section 33.2 of the *Children’s Law Reform Act* regarding reconciliation and the duty to discuss and inform. | | | | | | | | |
|  | | |  | | | |  | |
| *Date* | | |  | | | | *Lawyer’s signature* | |

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| Form 10: | | | Answer | | | | | (page 4) | | | | Court File Number | | | | | | | |
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| 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 this 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 *Divorce Act***  (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.) | | | | | **Claims relating to property**  (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.) | | | | | **Claims relating to child protection** | | | | | | | | | |
| 00 |  | a divorce | | | 20 |  | equalization of net family properties | | | 40 |  | | access | | | | | | |
| 01 |  | support for me | | |  |  | 41 |  | | lesser protection order | | | | | | |
| 02 |  | support for child(ren) – table amount | | | 21 |  | exclusive possession of matrimonial home | | | 42 |  | | return of child(ren) to my care | | | | | | |
|  |  |  |  | 43 |  | | place child(ren) into care of | | | | | | |
| 03 |  | support for child(ren)-other than table amount | | | 22 |  | exclusive possession of contents of matrimonial home | | |  |  | | *(name)* | |  | | | |  |
|  |  |  |  | 44 |  | | interim society care and custody | | | | | | |
| 04 |  | decision-making responsibility for child(ren) | | | 23 |  | freezing assets | | |  |  | | for |  | | | months | | |
| 24 |  | sale of family property | | | 45 |  | | society supervision of my | | | | | | |
| 05 |  | parenting time with child(ren) | | |  |  |  | | |  |  | | child(ren) for | | |  | | months | |
| 06 |  | contact with child(ren) (*this requires court leave*) | | |  |  |  | | |  |  | |  | | | | | | |
| **Claims under the *Family Law Act* or *Children's Law Reform Act*** | | | | | **Other claims** | | | | |  | | | | | | | | | |
| 10 |  | support for me | | | 30 |  | costs | | |  | | | | | | | | | |
| 11 |  | support for child(ren) – table amount | | | 31 |  | annulment of marriage | | |
|  |  | 32 |  | prejudgment interest | | |
| 12 |  | support for child(ren) – other than table amount | | | 33 |  | claims relating to a family arbitration | | |
|  |  |  |  |  | | |
| 13 |  | decision-making responsibility for child(ren) | | |  |  |  | | |
| 14 |  | parenting time with child(ren) | | |  |  |  | | |
| 15 |  | restraining/non-harassment order | | |  |  |  | | |
|  |  |  |  |  | | |
| 16 |  | indexing spousal support | | |  |  |  | | |
| 17 |  | declaration of parentage | | |  |  |  | | |
| 18 |  | guardianship over child's property | | |  |  |  | | |
| 19 |  | contact with child(ren) (*this does not require court leave*) | | |  |  |  | | |  | | | | | | | | | |
| 50 |  | Other *(Specify.)* | |  | | | | | | | | | | | | | | | |
| 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 you are claiming decision-making responsibility, parenting time, or contact in this case.)* | | | | | | | | | | | | | | | | | | | |
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| Form 10 : | Answer | | (page 5) | | Court File Number |
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| IMPORTANT FACTS SUPPORTING MY CLAIM(S) | | | | | |
| (In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.) | | | | | |
|  | | | | | |
| Put a line through any blank space left on this page. | | | | | |
|  | |  | |  | |
| Date of signature | | Respondent’s signature | |