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| --- |
| ONTARIO |
|  |  | Court File Number |
| (Name of court) | Form 14B: Motion Form  |
| **at** |       |
|  | Court office address |
| **I am:** |
| [ ]  | Making this motion | [ ]  | Responding to a motion (Form 14B) already filed |
| ***Names of parties****:* |       |
| *Applicant:* |       | *Respondent:* |       |
| **Next scheduled court date** *(if any)*: |       |  |
| **Name of case management judge** *(if any)*: |       |  |
|  |
| **This form is filed by:** |
| [ ]  | applicant  | [ ]  | respondent  | [ ]  | *(Other; specify.)* |       |
| **This motion is made:** |
| [ ]  | with the consent of all persons affected *(this means that all persons affected agree to the proposed order)* | [ ]  | without notice to:  |
| [ ]  | with notice to all persons affected *(this means that all persons affected will be served the motion)* |  |
| **NOTE TO PERSON MAKING THIS MOTION:*** You may not serve or file a reply to a response from any person affected by this motion.
* If this is a motion to change past and future support payments under an order that has been assigned to a government agency, you must also serve this motion form on that agency. If you do not, the agency can ask the court to set aside any order that you may get in this motion and can ask for court costs against you.
 |
| ***NOTE TO ALL PERSONS AFFECTED BY THIS MOTION:*** * *If you want to oppose this motion, you or your lawyer must prepare a response by completing i) your own motion (Form 14B) or ii) your own motion form (Form 14B) and an affidavit (Form 14A), serve it on all other parties and file it at the court office not later than seven days after this motion form was served on you.*
* *If you do not respond in time, the motion may be dealt with as unopposed, and the court may make an order based on the information provided by the person making this motion, without your input.*
 |
| ***NOTE TO ALL:*** * *The court will deal with this motion by relying on written material unless the court deems it necessary to hold a hearing. This will be done in exceptional circumstances only. If you believe that a hearing is required, provide reasons below.*
 |
| **Procedural, uncomplicated or unopposed order that you want the court to make:** |
|       |

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| **Why the court should make this order:**  |
|       |
| **Laws and rules on which you are relying, in addition to rule 14(10):** *(Give name of statute and section numbers; name of regulation and section numbers; and rule numbers.)* |
|       |

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| **This party’s lawyer** (Give lawyer’s name, firm, telephone & fax number and e-mail address [if any]. If no lawyer, give party’s name, and address for service, telephone & fax number and e-mail address [if any].) |  | **Other party’s lawyer** (Give lawyer’s name, firm, telephone & fax number and e-mail address [if any]. If no lawyer, give party’s name, and address for service, telephone & fax number and e-mail address [if any].) |
|       |  |       |
|  |  |       |
| Signature |  | Date of signature |