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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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| **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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| **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. |
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| *Date* |  | *Lawyer’s signature* |

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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 | 22 | [ ]  | equalization of net family properties | 40 | [ ]  | access |
| 01 | [ ]  | support for me |  |  | 41 | [ ]  | lesser protection order |
| 02 | [ ]  | support for child(ren) – table amount | 23 | [ ]  | 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 | 24 | [ ]  | exclusive possession of contents of matrimonial home |  |  | *(name)* |       |  |
|  |  |  |  | 44 | [ ]  | interim society care and custody |
| 04 | [ ]  | decision-making responsibility for child(ren) | 25 | [ ]  | freezing assets |  |  | for |       | months |
| 26 | [ ]  | 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** | **Other *(Specify.)*** |
| 10 | [ ]  | support for me | 30 | [ ]  | costs | 50 | [ ]  |       |
| 11 | [ ]  | support for child(ren) – table amount | 31 | [ ]  | annulment of marriage |
| 12 | [ ]  | support for child(ren) – other than table amount | 32 | [ ]  | prejudgment interest |
|  |  | 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*) |  |  |  |  |
| 20 | [ ]  | Wrongful removal to or retention of child(ren) in Ontario involving a country outside Canada under the Convention on the Civil Aspects of International Child Abduction  |  |  |  |  |
| 21 | [ ]  | Wrongful removal to or retention of child(ren) in Ontario involving a country outside Canada **NOT** under the Convention on the Civil Aspects of International Child Abduction  |  |  |  |  |
| 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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| 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 |