|  |
| --- |
| ONTARIO |
|  |  |  | Court File Number      |
| (Name of court) | Form 10A: Reply by |
| **at** |       |
| [ ]  | applicant |
|  | Court office address | [ ]  | 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 responding to a claim for property or exclusive possession of the matrimonial home and its contents; or |
| ▪ | you are 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| Form 10A: | Reply | (page 2) | Court File Number  |
|  |  |
|  |
| **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.) |
| 1.
 |
| Put a line through any space left on this page. |
|  |  |  |
| Date of signature |  | Signature |