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|  ONTARIO  |
|  |  | Court File Number      |
| (Name of court)  | Form 12: Notice of Withdrawal  |
| **at** |       |
|  | Court office address  |
| 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). |
|       |  |       |
|  |
| **TO ALL PARTIES:** |
| My name is *(full legal name)* |       |
| I withdraw this | [ ]  | application dated *(date)* |       |
|  | [ ]  | answer dated *(date)* |       |
|  | [ ]  | notice of default hearing dated *(date)* |       |
|  | [ ]  | notice of motion dated *(date)* |       |
|  | [ ]  | *(Other; specify.)* |
|  |  |       |
| against *(names of parties against whom there is to be a withdrawal)* |
|       |
| [ ]  | completely. |
| [ ]  | regarding *(State limited nature of withdrawal.)* |
|  |       |
|  |  |       |
| Signature of party making withdrawal or of party’s lawyer |  | Date of signature |
| **NOTE TO OTHER PARTIES:** If a case, an enforcement, a motion, etc., has been wholly or partly withdrawn against you by this notice, you are entitled to your costs from the party making the withdrawal unless the court orders otherwise or unless the parties agree otherwise. |