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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | |
|  | | | | | | | |  | Court File Number | | |
| (Name of court) | | | | | | | | Form 30B:  Default Dispute | | |
| **at** |  | | | | | | |
|  | Court office address | | | | | | |
| Recipient(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). | | | | |
|  | | | | | |  |  | | | | |
|  |
| Payor | | | | | | | | | | | |
| 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). | | | | |
|  | | | | | |  |  | | | | |
|  |
| **My name is** *(full legal name)* | | | |  | | | | | | | |
| **I live in** *(municipality & province)* | | | | |  | | | | | | |
| **and I that the following is true:** | | | | | | | | | | | |
| **1.** | | I am the person named as payor in this case. | | | | | | | | | |
| Check off and fill in appropriate paragraphs below. Paragraphs that do not apply to you may be struck out and initialled. | | | | | | | | | | | |
|  | | **2.** | I have not missed any support payments as claimed in the statement of money owed because: | | | | | | | | |
|  | |  | (Set out your reasons for saying that there are no missed payments.) | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | **3.** | I do not owe the amount claimed in the statement of money owed. I owe instead the sum of $ | | | | | | |  | . |
|  | |  | The reason for the difference in the amounts is: | | | | | | | | |
|  | |  | (Set out your explanation, if any and if known, for the difference. If you have paid all the money that you claim to owe here, ignore and strike out paragraphs 4 and 5 below; if not, go to paragraph 5 to give your reasons for non-payment.) | | | | | | | | |
|  | | |  | | | | | | | | |
| Put a line through any blank space left on this page. | | | | | | | | | | | |

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| Form 30B: | | | | | Default Dispute | | | | | (page 2) | | | | | Court File Number |
|  | | | | |  | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | **4.** | I owe the amount claimed in the statement of money owed. *(Go to paragraph 5 below to give your reasons for not paying.)* | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |
|  | | | **5.** | My reasons for not paying the money that I owe are: *(State your reasons.)* | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |
| Put a line through any blank space left on this page. | | | | | | | | | | | | | | | |
| before me at | | | | | | |  | | | |  |  | |  | |
|  | | | | | | municipality | | | | |  |  |  | | | |
| in |  | | | | | | | | | |  |  |  | | | |
|  | province, state, or country | | | | | | | | | |  |  |  | | | |
| on | |  | | | | | |  |  | |  |  |  | | | |
|  | | date | | | | | |  | *Commissioner for taking affidavits (Type or print name below if signature is illegible.)* | |  |  | Signature  (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | |