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| ONTARIO |
|  |  | Court File Number |
| (Name of court) | Form 32A: Notice of Forfeiture Motion |
| **at** |       |
|  | Court office address |
|  *(Strike out inapplicable term.)* |
| 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). |
|       |  |       |
|  |
|  *(Strike out inapplicable term.)* |
| 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:** *(name of person who entered into recognizance or who posted bond)* |       |
| **AND TO:** *(name of surety or sureties)* |       |
| The person making this motion or the person’s lawyer must contact the clerk of the court by telephone or otherwise to choose a time and date when the court could hear this motion | **THE COURT WILL HEAR A MOTION ON** *(date)* |       | , |
| **at** |        | **, or as soon as possible after that time at** *(place of hearing)* |
|       |
| The motion is being made by *(moving party’s name)* |       |
| who will be asking the court to make an order of forfeiture in respect of  |
| [ ]  | a recognizance entered into  | [ ]  | a bond posted |
| by *(name of person who entered into recognizance or who posted bond)* |       |
| on *(date)* |        | . A copy of the bond/recognizance should be attached to this |
| notice. Details of the grounds of the motion are set out in the affidavit(s) that accompany this notice. If the document(s) is/are missing, you should talk to the court office immediately. |
| **IF YOU DO NOT COME TO COURT FOR THIS MOTION, AN ORDER OF FORFEITURE MAY BE MADE WITHOUT YOU AND MAY BE ENFORCED AGAINST YOU.** |
|  |  |  |
|       |
| Signature of person making this motion or of person’s lawyer |  |
|       |  |
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| Date of signature |  |
|  |  | Typed or printed name, address for service, telephone and fax numbers and e-mail address (if any) of person or of person’s lawyer |