

Court file number

(Name of Court)

at Court office address

Form 10: Answer

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).

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 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.)

Blank lines for listing claims.

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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.)

Horizontal lines for writing the answer to question 2.

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.)

Horizontal lines for writing the answer to question 6.

Put a line through any blank space left on this page.

Date of signature

Respondent's Signature

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.)

Multiple horizontal lines for writing the facts supporting the claim.

Put a line through any blank space left on this page.

Date of signature

Respondent's Signature

LAWYER'S CERTIFICATE

For divorce cases only

My name is _____

and I am the respondent's lawyer in this divorce case. I certify that I have complied with the requirements of section 9 of the *Divorce Act*.

Date

Signature of Lawyer



For information on accessibility of court services for people with disability-related needs, contact:



Telephone: 416-326-2220 / 1-800-518-7901 TTY: 416-326-4012 / 1-877-425-0575