

Small Claims Court \_\_\_\_\_

Claim No. \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**BETWEEN**

\_\_\_\_\_ Plaintiff(s)

**and**

\_\_\_\_\_ Defendant(s)

<b>My name is</b>	Name
<b>And I live at</b>	Street and number
	City, province, postal code
	Phone number and fax number

1. I consent to act as litigation guardian in this action for the

plaintiff, named \_\_\_\_\_  
(Name of plaintiff)

(Check one box only.)

and I acknowledge that I may be personally responsible for any costs awarded against me or against this person.

defendant, named \_\_\_\_\_  
(Name of defendant)

2. The above-named person is under the following disability:

a minor whose birth date is \_\_\_\_\_  
(State date of birth of minor)

(Check appropriate box(es).)

mentally incapable within the meaning of Section 6 or Section 45 of the *Substitute Decisions Act, 1992* in respect of an issue in a proceeding.

an absentee within the meaning of the *Absentees Act*.

3. My relationship to the person under disability is:

(State your relationship to the person under disability.)

Les formules des tribunaux sont affichées en anglais et en français sur le site [www.ontariocourtforms.on.ca](http://www.ontariocourtforms.on.ca). Visitez ce site pour des renseignements sur des formats accessibles.

4. I have no interest in this action contrary to that of the person under disability.

5. I am

(Check one box only.)

represented and have given written authority to \_\_\_\_\_  
(Name of representative with authority to act in this proceeding)

of \_\_\_\_\_  
(Address for service)

\_\_\_\_\_  
(Phone number and fax number)

to act in this proceeding.

not represented by a representative.

	_____, 20 ____
	(Signature of litigation guardian consenting)
	(Signature of witness)
	(Name of witness)

**NOTE:** Within seven (7) calendar days of changing your address for service, notify the court and all other parties in writing.