

Small Claims Court

Claim No.

Address

Phone number

BETWEEN

Plaintiff(s)/Creditor(s)

and

Defendant(s)/Debtor(s)

My name is _____
(Full name)

I live in _____
(Municipality & province)

I make this affidavit to support my motion for payment out of court of money belonging to

(Name of person under disability)

of _____,
(Address)

who is _____
(State the nature of the disability)

and who was born on _____ .
(Date)

I am _____ .
(State your connection with the person under disability)

The Accountant has informed me that \$ _____ , including interest accrued to
_____, is in court.
(Date)

There has been previously paid out the sum of \$ _____ on _____ .
(Date)

I propose that the sum of \$ _____ should be paid out of court to _____
(Name of person)

for the following purpose: *(Set out what the person you named will do with the money.)*

Les formules des tribunaux sont affichées en anglais et en français sur le site
www.ontariocourtforms.on.ca. Visitez ce site pour des renseignements sur des
formats accessibles.

I believe that this money should be paid out of court for the following reasons:
Set out your reasons in numbered paragraphs.

If more space is required, attach and initial extra pages.

<p>Sworn/Affirmed before me at _____ (Municipality)</p> <p>in _____ (Province, state or country)</p> <p>on _____, 20 _____ Commissioner for taking affidavits (Type or print name below if signature is illegible.)</p>	<p>_____ Signature (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)</p>
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WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.