

Small Claims Court

Claim No.

Address

Phone number

**BETWEEN**

Plaintiff(s)

**and**

Defendant(s)

**My name is** \_\_\_\_\_  
(Full name)

**I live in** \_\_\_\_\_  
(Municipality & province)

**and I swear/affirm that the following is true:**

1. In this action, I am the

plaintiff

representative of the plaintiff(s) \_\_\_\_\_  
(Name of plaintiff(s))

2. I make this affidavit in support of the plaintiff's request to note the defendant(s) in default, where all the defendants have been or will be served outside the court's territorial division [R. 11.01 (3)].

3. The plaintiff is entitled to proceed with this action in this territorial division because this is:

where the event (cause of action) took place.

where the defendant lives or carries on business.

the court nearest to the place where the defendant lives or carries on business [R. 6.01].

Sworn/Affirmed before me at \_\_\_\_\_  
(Municipality)

in \_\_\_\_\_  
(Province, state or country)

on \_\_\_\_\_, 20\_\_\_\_

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.)

**WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.**

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