

Small Claims Court

Claim No.

Address

Phone number

Creditor

Additional creditor(s) listed on the attached Form 1A.

Last name, or name of company		
First name	Second name	Also known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code	Fax no.	
Representative	LSUC #	
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code	Fax no.	

Debtor

Last name, or name of company		
First name	Second name	Also known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code	Fax no.	
Representative	LSUC #	
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code	Fax no.	

NOTE: The Notice of Garnishment Hearing must be served by the person requesting the hearing on the creditor, debtor, garnishee, co-owner of debt, if any, and any other interested person [R. 8.01(9)].

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

Garnishee

Last name, or name of company		
First name	Second name	Also known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code		Fax no.

Co-Owner of Debt (if any)

Additional co-owner(s) listed on attached Form 1A.

Last name, or name of company		
First name	Second name	Also known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code		Fax no.

Other Interested Person (if any)

Additional interested person(s) listed on attached Form 1A.

Last name, or name of company		
First name	Second name	Also known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal code		Fax no.

TO THE PARTIES:

(The person requesting this garnishment hearing or the person's representative must contact the clerk of the court to choose a time and date when the court could hold this garnishment hearing.)

THIS COURT WILL HOLD A GARNISHMENT HEARING on _____, **20** _____, **at**
_____, **or as soon as possible after that time, at** (Address of court location and courtroom number)
(Time)

because *(Check the appropriate box.)*

- the creditor the debtor the garnishee the co-owner of debt
- other interested person: _____
(Specify)

states the following: *(In numbered paragraphs, provide details of your dispute and the order(s) requested.)*

Additional pages are attached because more space was needed.

_____, 20 _____
(Signature of party or representative)

NOTE: If you fail to attend this garnishment hearing, an order may be made in your absence and enforced against you.



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