

Court File Number

_____ (Name of Court)

at _____ (Court office address)

Form 10: Answer

Applicant(s)

<p><i>Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>	<p><i>Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>
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Respondent(s)

<p><i>Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>	<p><i>Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).</i></p>
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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 APPLICANTS:

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 3 of the application form.)*

2. I do not agree with the following claim(s) made by the applicant: *(Again, refer to the numbers alongside the boxes on page 3 of the application form.)*

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. 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.)*

Put a line through any blank space left on this page

Date of signature

Respondent's signature

CLAIM BY RESPONDENT

Fill out a separate claim page for each person against whom you are making your claim(s).

7. THIS CLAIM IS MADE AGAINST

- THE APPLICANT
- AN ADDED PARTY, whose name is *(full legal name)*

(If your claim is against an added party, make sure that the person's name appears on page 1 of this form.)

8. I ASK THE COURT FOR THE FOLLOWING:

(Claims below include claims for temporary orders.)

Claims under the Divorce Act <i>(Check boxes in this column only if you are asking for a divorce and your case is in the Superior Court of Justice or Family Court of the Superior Court of Justice.)</i>	Claims relating to property <i>(Check boxes in this column only if your case is in the Superior Court of Justice or Family Court of the Superior Court of Justice.)</i>	Claims relating to child protection
00 <input type="checkbox"/> a divorce 01 <input type="checkbox"/> support for me 02 <input type="checkbox"/> support for child(ren) - table amount 03 <input type="checkbox"/> support for child(ren) - other than table amount 04 <input type="checkbox"/> custody of child(ren) 05 <input type="checkbox"/> access to child(ren)	20 <input type="checkbox"/> equalization of net family properties 21 <input type="checkbox"/> exclusive possession of matrimonial home 22 <input type="checkbox"/> exclusive possession of contents of matrimonial home 23 <input type="checkbox"/> freezing assets 24 <input type="checkbox"/> sale of family property	40 <input type="checkbox"/> access 41 <input type="checkbox"/> lesser protection order 42 <input type="checkbox"/> return of child(ren) to my care 43 <input type="checkbox"/> place child(ren) into care of <i>(name)</i> _____ 44 <input type="checkbox"/> children's aid society wardship for _____ months 45 <input type="checkbox"/> society supervision of my child(ren)
Claims under the Family Law Act or Children's Law Reform Act	Other claims	
10 <input type="checkbox"/> support for me 11 <input type="checkbox"/> support for child(ren) - table amount 12 <input type="checkbox"/> support for child(ren) - other than table amount 13 <input type="checkbox"/> custody of child(ren) 14 <input type="checkbox"/> access to child(ren) 15 <input type="checkbox"/> restraining/non-harassment order 16 <input type="checkbox"/> indexing spousal support 17 <input type="checkbox"/> declaration of parentage 18 <input type="checkbox"/> guardianship over child's property	30 <input type="checkbox"/> costs 31 <input type="checkbox"/> annulment of marriage 32 <input type="checkbox"/> prejudgment interest	
50 <input type="checkbox"/> other <i>(Specify.)</i>		

Give details of the order that you want the court to make. *(Include any amounts of support (if known) and the names of the children for whom support, custody or access is claimed.)*

IMPORTANT FACTS SUPPORTING MY CLAIM(S)

(In numbered paragraphs, set out the facts that form the legal basis for your other claim(s).)

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 lawyer for *(name)* _____

in this divorce case. I certify that I have complied with the requirements of section 9 of the *Divorce Act*.

Date of signature

Signature of Lawyer

1. I agree with the following claim(s) made by the applicant:

Under the Divorce Act

- 00 a divorce
- 01 support for me
- 02 support for child(ren) – table amount
- 03 support for child(ren) – other than table amount
- 04 custody of child(ren)
- 05 access to child(ren)

Family Law Act or Children’s Law Reform Act

- 10 support for me
- 11 support for child(ren) – table amount
- 12 support for child(ren) – other than table amount
- 13 custody of child(ren)
- 14 access to child(ren)
- 15 restraining/non-harassment order
- 16 indexing spousal support
- 17 declaration of parentage
- 18 guardianship over child’s property

Claims relating to property

- 20 equalization of net family properties
- 21 exclusive possession of matrimonial home
- 22 exclusive possession of contents of matrimonial home
- 23 freezing assets
- 24 sale of family property

Other claims

- 30 costs
- 31 annulment of marriage
- 32 prejudgment interest

Claims relating to child protection

- 40 access
- 41 lesser protection order
- 42 return of child(ren) to my care
- 43 place child(ren) into care of (name)
- 44 children’s aid society wardship
- 45 society supervision of my child(ren)

50 other

2. I do NOT agree with the following claims made by the applicant:

Under the Divorce Act

- 00 a divorce
- 01 support for me
- 02 support for child(ren) – table amount
- 03 support for child(ren) – other than table amount
- 04 custody of child(ren)
- 05 access to child(ren)

Family Law Act or Children’s Law Reform Act

- 10 support for me
- 11 support for child(ren) – table amount
- 12 support for child(ren) – other than table amount
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Other claims

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Claims relating to child protection

- 40 access
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- 43 place child(ren) into care of (name)
- 44 children’s aid society wardship
- 45 society supervision of my child(ren)

50 other

FAMILY HISTORY

APPLICANT:

Name: _____ Age: _____ Birthdate: (d, m, y) _____

Resident in (municipality & province) _____
 since (date) _____

Surname at birth: _____

Surname just before marriage: _____

Divorced before? No Yes (Place and date of previous divorce)

RESPONDENT/JOINT APPLICANT:

Name: _____ Age: _____ Birthdate: (d, m, y) _____

Resident in (municipality & province) _____
 since (date) _____

Surname at birth: _____

Surname just before marriage: _____

Divorced before? No Yes (Place and date of previous divorce)

RELATIONSHIP DATES:

Married on (date) _____ Started living together on (date) _____
 Separated on (date) _____ Never lived together Still living together

THE CHILD(REN): List all children involved in this case, even if no claim is made for these children.

Full legal name	Age	Birthdate	Resident in (municipality & province)	Now Living with (name of person and relationship to child)