

Court file number

(Name of Court)

**Form 32.1: Request to Enforce  
a Family Arbitration Award**

at \_\_\_\_\_  
Court office address

**Applicant(s)**

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

**Respondent(s)**

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

**TO THE RESPONDENT(S):**

**A CASE HAS BEEN STARTED IN THIS COURT TO ENFORCE THE TERMS OF A FAMILY ARBITRATION AWARD THAT RELATES TO YOU. THE DETAILS ARE SET OUT ON THE ATTACHED PAGES.**

**IF YOU WANT TO OPPOSE THIS REQUEST**, you or your lawyer must complete Form 32.1A: Dispute of Request for Enforcement (a blank copy should be attached), serve a copy on the applicant(s) and file a copy in the court office with an Affidavit of Service (Form 6A). **YOU HAVE ONLY 30 DAYS AFTER THIS REQUEST IS SERVED ON YOU (60 DAYS IF THE APPLICATION IS SERVED ON YOU OUTSIDE CANADA OR THE UNITED STATES) TO SERVE AND FILE THE DISPUTE. IF YOU DO NOT, THE CASE WILL GO AHEAD WITHOUT YOU AND THE COURT MAY MAKE AN ORDER AND ENFORCE IT AGAINST YOU.**

**YOU SHOULD GET LEGAL ADVICE ABOUT THIS CASE RIGHT AWAY.** If you cannot afford a lawyer, you may be able to get help from your local Legal Aid Ontario Office. (See your telephone directory under LEGAL AID.)

Date of Issue

Clerk of the Court

**My name is** (full legal name) \_\_\_\_\_

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

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

- I attach a copy of a family arbitration agreement (attach certificates of independent legal advice for both parties) between myself and the Respondent that I signed on (date) \_\_\_\_\_ appointing (name) \_\_\_\_\_ to arbitrate the following issues:  
☐ child custody/access    ☐ child support    ☐ spousal support    ☐ division of property  
☐ other \_\_\_\_\_



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

2. The family arbitration agreement has not been set aside or changed in any way.
3. The arbitration was conducted in *(location)* \_\_\_\_\_  
on the following dates: \_\_\_\_\_
4. A family arbitration award was made on *(date)* \_\_\_\_\_. Attached is a copy of the award and the arbitrator's written reasons for it.
5. The family arbitration award has not been changed since it was issued.
6. ☐ Neither party to the arbitration agreement has sought to appeal or set aside the family arbitration award or brought any other proceeding relating to this arbitration.
- ☐ Details of any steps taken by either party to appeal or set aside the family arbitration award or to have the arbitration declared invalid are as follows:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. I am seeking a court order as set out in paragraphs *(select particular clauses from the arbitration award)* \_\_\_\_\_  
\_\_\_\_\_ of the family arbitration award.
8. I am seeking an order for child support in accordance with the provisions of the family arbitration award. Additional information regarding that claim is set out in the FAMILY HISTORY section below.
- ☐ This amount is the table amount listed in the Child Support Guidelines.
- ☐ This amount is more than the table amount listed in the Child Support Guidelines.
- ☐ This amount is less than the table amount listed in the Child Support Guidelines for the following reasons:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Additional information that is important to this case is as follows:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn/Affirmed before me at \_\_\_\_\_  
\_\_\_\_\_ *municipality*  
in \_\_\_\_\_  
\_\_\_\_\_ *province, state or country*  
on \_\_\_\_\_  
\_\_\_\_\_ *date*  
\_\_\_\_\_ *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.)

**Note: If you are seeking an order that incorporates clauses relating to the custody of or access to a child, you must also serve and file a completed Form 35.1: Affidavit in Support of Claim for Custody or Access.**

**FAMILY HISTORY****APPLICANT:** Birthdate: (d, m, y) \_\_\_\_\_**RESPONDENT:** Birthdate: (d, m, y) \_\_\_\_\_**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 (d, m, y)	Resident in (municipality & province)	Now Living With (name of person and relationship to child)

**IF CHILD SUPPORT IS TO BE PAID:**The ☐ Applicant ☐ Respondent is to pay child support for the following children:This child support is based on the ☐ Applicant's ☐ Respondent's annual income(s) of \$ \_\_\_\_\_

The special or extraordinary expenses for the children, if any, are as follows:

The ☐ Applicant ☐ Respondent will pay \_\_\_\_\_ percent of the above expenses, or

\$ \_\_\_\_\_ per \_\_\_\_\_.