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| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | Court File Number | | | |
| (Name of court) | | | | | | | | | | | | | | | | |  | | | |
| **at** | | |  | | | | | | | | | | | | | | Form 32.1A: Dispute of Request for Enforcement | | | |
|  | | | 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). | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |
| **My name is** | | | | | | | (full legal name) | |  | | | | | | | | | | | | | | |
| **I live in** | | | | | (municipality & province) | | | | | |  | | | | | | | | | | | | |
| **And I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | I am the Respondent in this case. | | | | | | | | | | | | | | | | | | | |
| 2. | | | | I do not agree with the Applicant’s request to enforce the terms of the family arbitration award dated | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | . | | | | | | | | | |
| 3. | | | | I dispute paragraphs | | | | (select the particular paragraphs of the request that you are disputing) | | | | | | | | | | | | | | |  |
|  | | | | of the Applicant’s Form 32.1: Request to Enforce a Family Arbitration Award for the following reasons: | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | |
| 4. | | | |  | | The Applicant’s FAMILY HISTORY is correct. | | | | | | | | | | | | | | | | | |
|  | | | |  | | The Applicant’s FAMILY HISTORY is incorrect and should be corrected as follows: | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | |  | | | | | | | |  |  | | |  | |
|  | | | | | | | | | | municipality | | | | | | | |  |  | |  | | | |
| in |  | | | | | | | | | | | | | | | | |  |  | |  | | | |
|  | province, state, or country | | | | | | | | | | | | | | | | |  |  | |  | | | |
| on | |  | | | | | | | | | |  |  | | | | |  |  | | Signature | | | |
|  | | date | | | | | | | | | |  | *Commissioner for taking affidavits (Type or print name below if signature is illegible.)* | | | | |  |  | | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | |