

Court File Number

(Name of Court)

**Form 30A: Request for  
Default Hearing**

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

**Recipient(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).


**Payor**

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 CLERK OF THE COURT:**

1. I am ☐ the person who signed the attached statement of money owed.  
☐ the lawyer for the person who signed the attached statement of money owed.  
☐ (Other; specify.)

\_\_\_\_\_

\_\_\_\_\_

2. The payor has missed support payments in the amount of \$ \_\_\_\_\_, as detailed in the attached statement of money owed.
3. I request that a notice of default hearing be issued requiring the payor to come to court to explain the missed payments at a hearing under section 41 of the *Family Responsibility and Support Arrears Enforcement Act*.

Signature

Date of signature

**NOTE:** You must prepare and attach a fresh statement of money owed (one that has been prepared within the past 30 days) to this request when you file it with the clerk of the court. Then, in the week leading up to the default hearing, you must file an updated statement of money owed.