

(Name of court)

at

Court office address

Form 10: Answer

**Applicant(s)**

Full legal name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone & fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant(s) Lawyer**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone & fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Respondent(s)**

Full legal name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone & fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Respondent(s) Lawyer**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone & fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name & address of Children's Lawyer's agent for service (street & number, municipality, postal code, telephone & fax numbers and email 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 APPLICANT(S):**

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 4 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 4 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 and include it as page 3. 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. Attach an additional sheet and number it if you need more space.)*
- 1.

**RESPONDENT'S CERTIFICATE**

(Your lawyer, if you are represented, must complete the Lawyer's Certificate below.)

Sections 7.1 to 7.5 of the *Divorce Act* and section 33.1 of the *Children's Law Reform Act* require you and the other party to:

- Exercise your decision-making responsibility, parenting time, or contact with a child in a manner that is consistent with the child's best interests;
- Protect the child from conflict arising from this case, to the best of your ability;
- Try to resolve your family law issues by using out-of-court dispute resolution options, if it is appropriate in your case (for more information on dispute resolution options available to you, including court-connected mediation, you can visit the [Ministry of the Attorney General's website](#) or [www.stepstojustice.ca](http://www.stepstojustice.ca));
- Provide complete, accurate, and up-to-date information in this case; and
- Comply with any orders made in this case.

I certify that I am aware of these duties under the *Divorce Act* and the *Children's Law Reform Act*.

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Respondent's signature

**LAWYER'S CERTIFICATE**

My name is: \_\_\_\_\_  
and I am the respondent's lawyer in this case. I certify that I have complied with the requirements of section 7.7 of the *Divorce Act* and section 33.2 of the *Children's Law Reform Act* regarding reconciliation and the duty to discuss and inform.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lawyer'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 this 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.)

| <b>Claims under the Divorce Act</b><br><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> |  | <b>Claims relating to property</b><br><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> |  | <b>Claims relating to child protection</b> |   |
|---|--|---|--|--|---|
| 00  | a divorce  | 20  | equalization of net family properties                | 40   | access  |
| 01  | support for me   | 21  | exclusive possession of matrimonial home             | 41   | lesser protection order                               |
| 02  | support for child(ren) – table amount                              | 22  | exclusive possession of contents of matrimonial home | 42   | return of child(ren) to my care                       |
| 03  | support for child(ren)-other than table amount                     | 23  | freezing assets                                      | 43   | place child(ren) into care of (name) _____            |
| 04  | decision-making responsibility for child(ren)                      | 24  | sale of family property                              | 44   | interim society care and custody for _____ months     |
| 05  | parenting time with child(ren)                                     |   |  | 45   | society supervision of my child(ren) for _____ months |
| 06  | contact with child(ren) <i>(this requires court leave)</i>         |   |  |  |   |
| <b>Claims under the Family Law Act or Children's Law Reform Act</b>   |  | <b>Other claims</b>   |  |  |   |
| 10  | support for me   | 30  | costs  |  |   |
| 11  | support for child(ren) – table amount                              | 31  | annulment of marriage                                |  |   |
| 12  | support for child(ren) – other than table amount                   | 32  | prejudgment interest                                 |  |   |
| 13  | decision-making responsibility for child(ren)                      | 33  | claims relating to a family arbitration              |  |   |
| 14  | parenting time with child(ren)                                     |   |  |  |   |
| 15  | restraining/non-harassment order                                   |   |  |  |   |
| 16  | indexing spousal support   |   |  |  |   |
| 17  | declaration of parentage   |   |  |  |   |
| 18  | guardianship over child's property                                 |   |  |  |   |
| 19  | contact with child(ren) <i>(this does not require court leave)</i> |   |  |  |   |
| 50  | Other (Specify.)   |   |  |  |   |

Give details of the order that you want the court to make. (Include any amounts of support (if known) and the name(s) of the child(ren) for whom you are claiming decision-making responsibility, parenting time, or contact in this case.)

**IMPORTANT FACTS SUPPORTING MY CLAIM(S)**

*(In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.)*

*Put a line through any blank space left on this page.*

*Date of signature*

*Respondent's signature*



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**