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| ONTARIO | | | | | | | | | |
|  | |  | | | | |  | Court File Number | |
| (Name of court) | | | | | Form 10A: Reply by | |
| **at** | |  | | | | |
|  | applicant |
|  | | Court office address | | | | |  | added respondent |
| 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). | | | |
|  | | | | |  | | | |
| Children's Lawyer | | | | | | | | | |
| 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 responding to a claim for spousal support; or | | | | | | | | |
| ▪ | you are responding to a claim for child support. | | | | | | | | |
| 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 responding to a claim for property or exclusive possession of the matrimonial home and its contents; or | | | | | | | | |
| ▪ | you are responding to a claim for property or exclusive possession of the matrimonial home and its contents together with other claims for relief. | | | | | | | | |
| **TO ALL PARTIES:** | | | | | | | | | |
| **1.** | My name is *(full legal name)* | | |  | | | | | |
| **2.** | I agree with the following claim(s) made by the respondent in his/her answer: *(Refer to the numbers alongside the boxes on page 3 of the answer form.)* | | | | | | | | |
|  |  | | | | | | | | |
| **3.** | I do not agree with the following claim(s) made by the respondent: *(Again, refer to the numbers alongside the boxes on page 3 of the answer form.)* | | | | | | | | |
|  |  | | | | | | | | |
| **4.** |  | | I am asking that the respondent's claim (except for the parts with which I agree) be dismissed with costs. | | | | | | |

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| Form 10A: | | Reply | | (page 2) | | Court File Number |
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|  | | | | | | |
| **5.** | The important facts supporting my position in paragraph 3 are as follows: | | | | | |
|  | (In numbered paragraphs, set out the reasons for your position. Attach an additional sheet and number it if you need more space.) | | | | | |
|  | | | | | | |
| Put a line through any space left on this page. | | | | | | |
|  | | |  | |  | |
| Date of signature | | |  | | Signature | |