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| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | Court File Number | |
| (Name of court) | | | | | | | | | | | | | | | | | | | | | Form 6C: Lawyer or Paralegal’s Certificate of Service | |
| **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). | | | | | | | |
|  | | | | | | | | | | | | | | |  |  | | | | | | | |
| **My name is** *(full legal name)* | | | | | | | | |  | | | | | | | | | | | | | | |
| **I live in** *(municipality & province)* | | | | | | | | | |  | | | | | | | | | | | | | |
| **and I CERTIFY that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | On *(date)* | | | |  | | | | | , at *(time)* | | |  | | | | | | , | | | |
|  | |  | | I served *(name of person to be served)* | | | | | | | |  | | | | | | with the following documents in this case: | | | | | |
|  | |  | | I caused the following documents in this case to be served by *(full name and title/role of person who served)* | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | on *(name of person to be served)* | | | | | |  | | | | |
|  | |  | | AND I am satisfied that service was effected in the manner described below: | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | Name of document | | | | | | | | | Author (if applicable) | | | | | | Date when document signed, issued, sworn, etc. |
|  | | | List the documents served | | | | |  | | | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE**: *You can leave out any part of this form that is not applicable.* | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | | The documents mentioned in paragraph 1 were served by: | | | | | | | | | | | | | | | | | | | | | |
| Check one box only and go to indicated paragraph. | | | | |  | | special service.  *(Go to paragraph 3 below if you used special service.)* | | | | | | | | | | | | | | | | |
|  | | mail.  *(Go to paragraph 4 if you used mailed service.)* | | | | | | | | | | | | | | | | |
|  | | same day courier. *(Go to paragraph 5 if you used courier.)* | | | | | | | | | | | | | | | | |
|  | | next day courier. *(Go to paragraph 5 if you used courier.)* | | | | | | | | | | | | | | | | |
|  | | deposit at a document exchange. *(Go to paragraph 6 if you used a document exchange.)* | | | | | | | | | | | | | | | | |
|  | | an electronic document exchange. *(Go to paragraph 7 if you used an electronic document exchange.)* | | | | | | | | | | | | | | | | |
|  | | fax. *(Go to paragraph 8 if you used fax.)* | | | | | | | | | | | | | | | | |
|  | | email. *(Go to paragraph 9 if you used email.)* | | | | | | | | | | | | | | | | |
|  | | substituted service or advertisement.  *(Go to paragraph 10 if you used substituted service or advertisement.)* | | | | | | | | | | | | | | | | |

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| Form 6C: | | | Lawyer or Paralegal’s Certificate of Service | | | | | | | | | | | | | | | (page 2) | | Court File Number | | | |
|  | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | Special service of the documents on the person named in paragraph 1 was carried out at *(place or address)* | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | by: | | |  | | leaving a copy with the person. | | | | | | | | | | | | | | | | |
|  | Check one box only. Strike out paragraphs 4 to 10 and go to paragraph 11. | | |  | | leaving a copy with *(name)* | | | | | | | | | |  | | | | | | |
|  | | |  | | | who is a lawyer who accepted service in writing on a copy of the document. | | | | | | | | | | | | |
|  | | |  | | | who is the person’s lawyer of record. | | | | | | | | | | | | |
|  | | |  | | | who is the *(office or position)* | | | | | | |  | | | | | |
|  | | |  | | | of the corporation named in paragraph 1. | | | | | | | | | | | | |
|  | | mailing a copy to the person together with a prepaid return postcard in Form 6 in an envelope bearing the sender’s return address. This postcard, in which receipt of the document(s) is acknowledged, was returned and is attached to this certificate. | | | | | | | | | | | | | | | | |
|  |  | | |  | | leaving a copy in a sealed envelope addressed to the person at the person’s place of | | | | | | | | | | | | | | | | |
|  |  | | |  | | residence with (name) | | | | | | | |  | | | | | | | | |
|  |  | | |  | | who provided me with identification to show that he/she was an adult person residing at the same address and by mailing another copy of the same document(s) on the same or following day to the person named in paragraph 1 at that place of residence. | | | | | | | | | | | | | | | | |
|  |  | | |  | | other *(Specify. See rule 6 for details.)* | | | | | | | | | | | | | | | | |
|  |  | | |  | |  | | | | | | | | | | | | | | | | |
| **4.** | The documents were mailed by addressing the covering envelope to the person named in paragraph 1 at: | | | | | | | | | | | | | | | | | | | | | |
|  | (Set out address.) | | | |  | | | | | | | | | | | | | | | | | |
|  | which is the address | | | | | | |  | | | of the person’s place of business. | | | | | | | | | | | |
|  | Check appropriate paragraph and strike out paragraphs 3, 5, 6, 7, 8, 9 and 10. | | | | | | |  | | | of a lawyer who accepted service on the person’s behalf. | | | | | | | | | | | |
|  | | | of the person’s lawyer of record. | | | | | | | | | | | |
|  | | | of the person’s home. | | | | | | | | | | | |
|  | | | on the document most recently filed in court by the person. | | | | | | | | | | | |
|  | | | other *(Specify.)* | | | |  | | | | | | | |
| **5.** | The documents were placed in an envelope that was picked up at | | | | | | | | | | | | | | | | | | | |  | on |
|  | (date) |  | | | | | | | | | | by *(name of courier service)* | | | | | | |  | | | |
|  | a private courier service, a copy of whose receipt is attached to this certificate. The envelope was addressed to the person | | | | | | | | | | | | | | | | | | | | | |
|  | named in paragraph 1 at: *(Set out address.)* | | | | | | | | | | | |  | | | | | | | | | |
|  | which is the address | | | | | | | |  | | of the person’s place of business. | | | | | | | | | | | |
|  | Check appropriate paragraph and strike out paragraphs 3, 4, 6, 7, 8, 9 and 10. | | | | | | | |  | | of a lawyer who accepted service on the person’s behalf. | | | | | | | | | | | |
|  | | of the person’s lawyer of record. | | | | | | | | | | | |
|  | | of the person’s home. | | | | | | | | | | | |
|  | | on the document most recently filed in court by the person. | | | | | | | | | | | |
|  | | other *(Specify.)* | | | |  | | | | | | | |

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| Form 6C: | | | Lawyer or Paralegal’s Certificate of Service | | | | | | | (page 3) | | | | | Court File Number | |
|  | | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **6.** | The documents were deposited at a document exchange. The exchange’s date stamp on the attached copy shows the date of deposit. *(Strike out paragraphs 3, 4, 5, 7, 8, 9, 10 and 13.)* | | | | | | | | | | | | | | |
| **7.** | The documents were served through an electronic document exchange. The record of service from the exchange is attached to this certificate. *(Strike out paragraphs 3, 4, 5, 6, 8, 9, 10 and 13.)* | | | | | | | | | | | | | | |
| **8.** | The documents were faxed. The fax confirmation is attached to this certificate. *(Strike out paragraphs 3, 4, 5, 6, 7, 9, 10 and 13.)* | | | | | | | | | | | | | | |
| **9.** | The documents were served by email. Attached to this certificate is a copy of the email that the document was attached to. *(Strike out paragraphs 3, 4, 5, 6, 7, 8, 10 and 13.)* | | | | | | | | | | | | | | |
| **10.** | An order of this court made on *(date)* | | | | | | |  | | | | | | allowed | |
|  |  | | |  | substituted service. | | | | | | | | | | |
|  |  | | |  | service by advertisement. *(Attach advertisement.)* | | | | | | | | | | |
|  | The order was carried out as follows: *(Give details. Then go to paragraph 13 if you had to travel to serve substitutionally or by advertisement.)* | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **11.** | My relationship to, or affiliation with, any party in this case is as follows: | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **12.** | I am at least 18 years of age. | | | | | | | | | | | | | | |
| **13.** | To serve the document(s), I had to travel | | | | | | | |  | | | kilometres. My fee for service of the document(s) is | | | |
|  | $ |  | | | | | including travel. | | | | | | | | |
|  |  |  | | | | |  | | | | | | | | |
|  | | | | | | | | | | | |  | |  | | | | |
| Signature of Lawyer/Paralegal | | | | | | | | | | | |  | | Date | | | | |
| Lawyer/paralegal’s name: | | | | | | |  | | | | | | | | | | | |
| Lawyer/paralegal’s firm: | | | | | | |  | | | | | | | | | | | |
| Lawyer/paralegal for: | | | | | | |  | | | | | | | | | | | |
| Law Society of Ontario #: | | | | | | |  | | | | | | | | | | | |
| **Contact information** | | | | | | | | | | | | | | | | | | |
| Street address: | | | | | | |  | | | | | | | | | | | |
| City or town: | | | | | | |  | | | | | | | | | | | |
| Province: | | | | | | |  | | | | | | | | | | | |
| Postal code: | | | | | | |  | | | | | | | | | | | |
| Country: | | | | | | |  | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | |
| Telephone number: | | | | | | |  | | | | | | | | | | | |