

Court file number

(Name of court)

Form 32.1A: Dispute of Request for Enforcement

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 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:

Sworn/Affirmed before me at municipality
in province, state or country
on date
Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

Signature
(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)



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