|  |
| --- |
| ONTARIO |
|  |  | Court File Number |
| (Name of court) |  |
| **at** |       | Form 32.1A: Dispute of Request for Enforcement |
|  | 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 |       |  |  |  |  | Signature |
|  | date |  | *Commissioner for taking affidavits(Type or print name below if signature is illegible.)* |  |  | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |