

\_\_\_\_\_ (Name of Court)  
**at** \_\_\_\_\_ (Court office address)

**Form 10: Answer**

**Applicant(s)**

<p><i>Full legal name &amp; address for service — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).</i></p>	<p><i>Lawyer's name &amp; address — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).</i></p>
--	--

**Respondent(s)**

<p><i>Full legal name &amp; address for service — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).</i></p>	<p><i>Lawyer's name &amp; address — street &amp; number, municipality, postal code, telephone &amp; fax numbers and e-mail address (if any).</i></p>
--	--

**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 APPLICANTS:**

*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. 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.)*

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

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

\_\_\_\_\_  
*Respondent'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 the 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 <i>Divorce Act</i></b> <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> <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 <input type="checkbox"/> a divorce 01 <input type="checkbox"/> support for me 02 <input type="checkbox"/> support for child(ren) - table amount 03 <input type="checkbox"/> support for child(ren) - other than table amount 04 <input type="checkbox"/> custody of child(ren) 05 <input type="checkbox"/> access to child(ren)	20 <input type="checkbox"/> equalization of net family properties 21 <input type="checkbox"/> exclusive possession of matrimonial home 22 <input type="checkbox"/> exclusive possession of contents of matrimonial home 23 <input type="checkbox"/> freezing assets 24 <input type="checkbox"/> sale of family property	40 <input type="checkbox"/> access 41 <input type="checkbox"/> lesser protection order 42 <input type="checkbox"/> return of child(ren) to my care 43 <input type="checkbox"/> place child(ren) into care of <i>(name)</i> _____ 44 <input type="checkbox"/> children's aid society wardship for _____ months 45 <input type="checkbox"/> society supervision of my child(ren)
<b>Claims under the <i>Family Law Act</i> or <i>Children's Law Reform Act</i></b>	<b>Other claims</b>	
10 <input type="checkbox"/> support for me 11 <input type="checkbox"/> support for child(ren) – table amount 12 <input type="checkbox"/> support for child(ren) – other than table amount 13 <input type="checkbox"/> custody of child(ren) 14 <input type="checkbox"/> access to child(ren) 15 <input type="checkbox"/> restraining/non-harassment order 16 <input type="checkbox"/> indexing spousal support 17 <input type="checkbox"/> declaration of parentage 18 <input type="checkbox"/> guardianship over child's property	30 <input type="checkbox"/> costs 31 <input type="checkbox"/> annulment of marriage 32 <input type="checkbox"/> prejudgment interest 33 <input type="checkbox"/> claims relating to a family arbitration	
50 <input type="checkbox"/> other ( <i>Specify.</i> )		

Give details of the order that you want the court to make. *(Include any amounts of support (if known) and the names of the children for whom support, custody or access is claimed.)*

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

*(In numbered paragraphs, set out the facts that form the legal basis for your other claim(s).)*

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

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

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

**LAWYER'S CERTIFICATE**

*For divorce cases only*

My name is: \_\_\_\_\_

and I am the lawyer for *(name)* \_\_\_\_\_

in this divorce case. I certify that I have complied with the requirements of section 9 of the *Divorce Act*.

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

\_\_\_\_\_  
*Signature of Lawyer*



*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**



1. I agree with the following claim(s) made by the applicant:

***Under the Divorce Act***

- 00  a divorce
- 01  support for me
- 02  support for child(ren) – table amount
- 03  support for child(ren) – other than table amount
- 04  custody of child(ren)
- 05  access to child(ren)

***Family Law Act or Children’s Law Reform Act***

- 10  support for me
- 11  support for child(ren) – table amount
- 12  support for child(ren) – other than table amount
- 13  custody of child(ren)
- 14  access to child(ren)
- 15  restraining/non-harassment order
- 16  indexing spousal support
- 17  declaration of parentage
- 18  guardianship over child’s property

***Claims relating to property***

- 20  equalization of net family properties
- 21  exclusive possession of matrimonial home
- 22  exclusive possession of contents of matrimonial home
- 23  freezing assets
- 24  sale of family property

***Other claims***

- 30  costs
- 31  annulment of marriage
- 32  prejudgment interest
- 33  claims relating to a family arbitration

***Claims relating to child protection***

- 40  access
- 41  lesser protection order
- 42  return of child(ren) to my care
- 43  place child(ren) into care of *(name)*
- 44  children’s aid society wardship
- 45  society supervision of my child(ren)

50  other

2. I do NOT agree with the following claims made by the applicant:

***Under the Divorce Act***

- 00  a divorce
- 01  support for me
- 02  support for child(ren) – table amount
- 03  support for child(ren) – other than table amount
- 04  custody of child(ren)
- 05  access to child(ren)

***Family Law Act or Children’s Law Reform Act***

- 10  support for me
- 11  support for child(ren) – table amount
- 12  support for child(ren) – other than table amount
- 13  custody of child(ren)
- 14  access to child(ren)
- 15  restraining/non-harassment order
- 16  indexing spousal support
- 17  declaration of parentage
- 18  guardianship over child’s property

***Claims relating to property***

- 20  equalization of net family properties
- 21  exclusive possession of matrimonial home
- 22  exclusive possession of contents of matrimonial home
- 23  freezing assets
- 24  sale of family property

***Other claims***

- 30  costs
- 31  annulment of marriage
- 32  prejudgment interest
- 33  claims relating to a family arbitration

***Claims relating to child protection***

- 40  access
- 41  lesser protection order
- 42  return of child(ren) to my care
- 43  place child(ren) into care of *(name)*
- 44  children’s aid society wardship
- 45  society supervision of my child(ren)

50  other

