	Court File Number

....

(Name of court)

at ....

Court office address

Form 10: Answer

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).

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 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 APPLICANT(S):

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 and include it as page 3. 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. Attach an additional sheet and number it if you need more space.)
1.

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 this 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.)

Claims under the *Divorce Act* *(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.)*	**Claims relating to property** *(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.)*	**Claims relating to child protection**
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)	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	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 for .... months 45 ☐ society supervision of my child(ren)
Claims under the *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	**Other claims** 30 ☐ costs 31 ☐ annulment of marriage 32 ☐ prejudgment interest 33 ☐ claims relating to a family arbitration	
50 ☐ Other *(Specify.)*		

Give details of the order that you want the court to make. *(Include any amounts of support (if known) and the name(s) of the child(ren) 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 claim(s). Attach an additional page and number it if you need more space.)

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

Date	*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