

Small Claims Court

Claim No.

Address

Phone Number

BETWEEN

Plaintiff(s)

and

Defendant(s)

TO THE CLERK OF THE

(Name of Small Claims Court location)

SMALL CLAIMS COURT:

My name is _____ **and I request that the clerk of the court:**
(Name of party/representative)

(Check appropriate box(es)).

☐ note defendant(s) _____
(Name of defendant(s))

in default for failing to file a Defence (Form 9A) within the prescribed time period [R. 11.01(1)].

☐ schedule an assessment hearing (all defendants have been noted in default) [R. 11.03(2)(b)].

☐ schedule a terms of payment hearing because I dispute the defendant's proposed terms of payment contained in the Defence (Form 9A) [R. 9.03(3)].

☐ schedule a trial [R. 16.01(1)(b)].

☐ accept payment in the amount of \$ _____ into court
(Amount)

☐ according to an order of the court, dated _____, 20 ____.

☐ for a person under disability according to an order or settlement dated

_____, 20 ____ [R. 4.08(1)].

☐ pursuant to the attached written offer to settle, dated _____, 20 ____ [R. 14.05(2)].

☐ according to the following legislation:

(Name of statute or regulation and section)

Les formules des tribunaux sont affichées en anglais et en français sur le site
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accessibles.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue or grey lines across its entire width. The lines are uniform in thickness and spacing, providing a template for writing. There are no margins, text, or other markings on the page.

(Signature of party or representative)

RSCC-9B-E (2014/01)