ONTARIO

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**