



Court File Number

(Name of court)
at
Court office address

Form 8: Application (General)

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

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).

TO THE RESPONDENT(S):

A COURT CASE HAS BEEN STARTED AGAINST YOU IN THIS COURT. THE DETAILS ARE SET OUT ON THE ATTACHED PAGES.

THE FIRST COURT DATE IS (date) AT a.m. p.m. or as soon as possible after that time, at: (address)

NOTE: If this is a divorce case, no date will be set unless an Answer is filed. If you have also been served with a notice of motion, there may be an earlier court date and you or your lawyer should come to court for the motion.

- THIS CASE IS ON THE FAST TRACK OF THE CASE MANAGEMENT SYSTEM. A case management judge will be assigned by the time this case first comes before a judge.
THIS CASE IS ON THE STANDARD TRACK OF THE CASE MANAGEMENT SYSTEM. No court date has been set for this case but, if you have been served with a notice of motion, it has a court date and you or your lawyer should come to court for the motion.

IF, AFTER 365 DAYS, THE CASE HAS NOT BEEN SCHEDULED FOR TRIAL, the clerk of the court will send out a warning that the case will be dismissed within 60 days unless the parties file proof that the case has been settled or one of the parties asks for a case or a settlement conference.

IF YOU WANT TO OPPOSE ANY CLAIM IN THIS CASE, you or your lawyer must prepare an Answer (Form 10 – a blank copy should be attached), serve a copy on the applicant(s) and file a copy in the court office with an Affidavit of Service (Form 6B). YOU HAVE ONLY 30 DAYS AFTER THIS APPLICATION IS SERVED ON YOU (60 DAYS IF THIS APPLICATION IS SERVED ON YOU OUTSIDE CANADA OR THE UNITED STATES) TO SERVE AND FILE AN ANSWER. IF YOU DO NOT, THE CASE WILL GO AHEAD WITHOUT YOU AND THE COURT MAY MAKE AN ORDER AND ENFORCE IT AGAINST YOU.

Check the box of the paragraph that applies to your case

- This case includes a claim for support. It does not include a claim for property or exclusive possession of the matrimonial home and its contents. You **MUST** fill out a Financial Statement (Form 13 – a blank copy attached), serve a copy on the applicant(s) and file a copy in the court office with an Affidavit of Service even if you do not answer this case.
- This case includes a claim for property or exclusive possession of the matrimonial home and its contents. You **MUST** fill out a Financial Statement (Form 13.1 – a blank copy attached), serve a copy on the applicant(s) and file a copy in the court office with an Affidavit of Service even if you do not answer this case.

IF YOU WANT TO MAKE A CLAIM OF YOUR OWN, you or your lawyer must fill out the claim portion in the Answer, serve a copy on the applicant(s) and file a copy in the court office with an Affidavit of Service.

- If you want to make a claim for support but do not want to make a claim for property or exclusive possession of the matrimonial home and its contents, you **MUST** fill out a Financial Statement (Form 13), serve a copy on the applicant(s) and file a copy in the court office.
- However, if your only claim for support is for child support in the table amount specified under the Child Support Guidelines, you do not need to fill out, serve or file a Financial Statement.
- If you want to make a claim for property or exclusive possession of the matrimonial home and its contents, whether or not it includes a claim for support, you **MUST** fill out a Financial Statement (Form 13.1, not Form 13), serve a copy on the applicant(s), and file a copy in the court office.

YOU SHOULD GET LEGAL ADVICE ABOUT THIS CASE RIGHT AWAY. If you cannot afford a lawyer, you may be able to get help from your local Legal Aid Ontario office. (See your telephone directory under *LEGAL AID*.)

Date of issue

Clerk of the court

FAMILY HISTORY

APPLICANT: Age: _____ Birthdate: (d, m, y) _____
 Resident in (municipality & province) _____
 since (date) _____
 Surname at birth: _____ Surname just before marriage: _____
 Divorced before? No Yes (Place and date of previous divorce) _____

RESPONDENT: Age: _____ Birthdate: (d, m, y) _____
 Resident in (municipality & province) _____
 since (date) _____
 Surname at birth: _____ Surname just before marriage: _____
 Divorced before? No Yes (Place and date of previous divorce) _____

RELATIONSHIP DATES:
 Married on (date) _____ Started living together on (date) _____
 Separated on (date) _____ Never lived together Still living together

THE CHILD(REN)

List all children involved in this case, even if no claim is made for these children.

Full Legal Name	Age	Birthdate (d, m, y)	Resident in (municipality & province)	Now living with (name of person and relationship to child)

PREVIOUS CASES OR AGREEMENTS

Have the parties or the children been in a court case before?
 No Yes

Have the parties made a written agreement dealing with any matter involved in this case?
 No Yes (Give date of agreement. Indicate which of its terms are in dispute.) _____

Have the parties arbitrated or agreed to arbitrate any matter involved in this case?
 No Yes (Give date of agreement and family arbitration award, if any.) _____

CLAIM BY APPLICANT

I ASK THE COURT FOR THE FOLLOWING:*(Claims below include claims for temporary orders.)*

Claims under the <i>Divorce Act</i> <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>	Claims under the <i>Family Law Act</i> or <i>Children's Law Reform Act</i>	Claims relating to property <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>
00 <input type="checkbox"/> a divorce 01 <input type="checkbox"/> spousal support 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)	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	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
Other claims 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.)*

Court File Number

IMPORTANT FACTS SUPPORTING MY CLAIM FOR DIVORCE

- Separation:** The spouses have lived separate and apart since *(date)* _____ and
 - have not lived together again since that date in an unsuccessful attempt to reconcile.
 - have lived together again during the following periods(s) in an unsuccessful attempt to reconcile: *(Give dates.)*

- Adultery:**
The respondent has committed adultery. *(Give details. It is not necessary to name any other person involved but, if you do name the other person, then you must serve this application on the other person.)*

- Cruelty:**
The respondent has treated the applicant with physical or mental cruelty of such a kind as to make continued cohabitation intolerable. *(Give details.)*

IMPORTANT FACTS SUPPORTING MY OTHER CLAIM(S)

(Set out below the facts that form the legal basis for your other claim(s). Attach an additional page if you need more space.)

Put a line through any blank space left on this page. If additional space is needed, extra pages may be attached.

Date of signature

Signature of applicant

LAWYER'S CERTIFICATE

For divorce cases only

My name is: _____

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

Signature of Lawyer

Date



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