|  |  |
| --- | --- |
| *ONTARIO* |  |
| **Superior Court of Justice** | Affidavit |
|  | Form 15B Ont. Reg. No*.*: 258/98 |
|  |       |  |       |
| Small Claims Court |  | Claim No. |
|       |  |  |
|  |
| Address |  |
|       |  |
|  | Phone number |  |
| **BETWEEN** |
|       |
| Plaintiff(s)/Creditor(s) |
| **and** |
|       |
| Defendant(s)/Debtor(s) |
| **My name is** |       |
|  | (Full name) |
| **I live in** |       |
|  | (Municipality & province) |
| **I make this affidavit in relation to:** |       |
|  | (Specify why the affidavit is being filed with the court*.*) |
| **and I swear/affirm that the following is true:** |
| *Set out the facts in numbered paragraphs. If you learned a fact from someone else, you must give that person’s name and state that you believe that fact to be true.* |
|       |
| Les formules des tribunaux sont affichées en anglais et en français sur le site [www.ontariocourtforms.on.ca](http://www.ontariocourtforms.on.ca/). Visitez ce site pour des renseignements sur des formats accessibles. |

|  |  |  |
| --- | --- | --- |
| **FORM 15B** | **PAGE 2** |  |
|  |  | Claim No. |
|       |
| *If more space is required, attach and initial extra pages.* |
| Sworn/Affirmed before me (select one): | [ ]  | in person **OR** | [ ]  | by video conference |
| Complete if affidavit is being sworn or affirmed in person: |
| at the |  | of |  | , in the |  |
|  | (city, town, etc.) |  |  |  | (County, Regional Municipality, etc.) |
| of |  | , on |  | . |
|  |  |  | (date) |  |
|  |  |  |
| Signature of Commissioner (or as may be) |  | Signature of Deponent |

|  |  |  |
| --- | --- | --- |
| **FORM 15B** | **PAGE 3** |  |
|  |  | Claim No. |
| **Use one of the following if affidavit is being sworn or affirmed by video conference:** |
| Complete if deponent and commissioner are in same city or town: |
| by |  | at the |  |
|  | (deponent’s name) |  | (city, town, etc.) |
| of |  | in the |  |
|  |  |  | (County, Regional Municipality, etc.) |
| of |  | , before me on |  |
|  |  |  | (date) |
| in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. |  |
| Commissioner for Taking Affidavits (or as may be) |
|  |  |  |
| Signature of Commissioner (or as may be) |  | Signature of Deponent |
| Complete if deponent and commissioner are not in same city or town: |
| by |  | at the |  |
|  | (deponent’s name) |  | (city, town, etc.) |
| of |  | in the |  |
|  |  |  | (County, Regional Municipality, etc.) |
| of |  | , before me at the |  |
|  |  |  | (city, town, etc.) |
| of |  | in the |  |
|  |  |  | (County, Regional Municipality, etc.) |
| of |  | , on |  | in accordance |
|  |  | (date) |  |
| with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely. |  |  |
| Commissioner for Taking Affidavits (or as may be) |
|  |  |  |
| Signature of Commissioner (or as may be) |  | Signature of Deponent |
|  |
| **WARNING:** | **IT IS AN OFFENCE UNDER THE *CRIMINAL CODE* TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.** |