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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *ONTARIO* | | | | | | | | | |  | | | | | | | | | | | | | | |
| Superior Court of Justice | | | | | | | | | | Affidavit of Default of Payment | | | | | | | | | | | | | | |
|  | | | | | | | | | Form 20M 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) | | | | | | | | | | | | | | | | | | | | | | |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | In this action, I am the | | | | | | | | | | | | | | | | | | | | | | | |
| *(Check one box only.)* | | |  | plaintiff/creditor. | | | | | | | | | | | | | | | | | | | | |
|  | representative of the plaintiff(s)/creditor(s) | | | | | | | | | | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | (Name of plaintiff(s)/creditor(s)) | | | | | | | | |
| **2.** | To date, I have received from the defendant(s)/debtor(s) $ | | | | | | | | | | | | | | | | |  | | | | | , the last payment being made | |
|  |  | | | | | | | | | | | | | | | | | (Amount) | | | | |  | |
|  | on or about | | | | |  | | | | | , 20 |  | | . | | | | | | | | | | |
| **3.** | I make this affidavit in support of a request that: | | | | | | | | | | | | | | | | | | | | | | | |
| *(Check appropriate box and complete paragraph.)* | | |  | the clerk of the court issue a Default Judgment (Form 11B) [R. 9.03(2)(c)]. The defendant(s) | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | (Name(s) of defendant(s)) | | | | | | | | | | | | | | | | | | | | |
|  | failed to make payment in accordance with the proposed terms of payment in the Defence | | | | | | | | | | | | | | | | | | | | |
|  | (Form 9A) dated | | | |  | | | | | | | | | , 20 | | |  | and fifteen (15) days have passed since the | | | |
|  | defendant was served with a Notice of Default of Payment (Form 20L) at the following address(es): | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | (Address(es) of defendant(s)) | | | | | | | | | | | | | | | | | | | | |
|  | the clerk of the court issue a Default Judgment (Form 11B) [R. 9.03(7)]. The defendant(s) | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | (Name of defendant(s)) | | | | | | | | | | | | | | | | | | | | |
|  | failed to make payment in accordance with the terms of payment order | | | | | | | | | | | | | | | | | | | | |
|  | dated | | |  | | | | | | , 20 | |  | | | | . | | | | | |
| 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 20M | | | | | | | | | | | | | **PAGE 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Claim No. | | | | | | | | |
| *(Check appropriate box and complete paragraph.)* | | | | |  | | | I may enforce the judgment [R. 20.02(3)]. The debtor(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (Name(s) of debtor(s)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | failed to make payment in accordance with the order for periodic payment dated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | , 20 | | | | |  | | | | , and fifteen (15) days have passed since the debtor(s) has/have | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | been served with a Notice of Default of Payment (Form 20L) at the following address(es): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (Address(es) of debtor(s)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | A Consent (Form 13B) in which the creditor waives the default has not been filed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | The unpaid balance is calculated as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) | | **DEBT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ |  | | |  |
| (B) | | **PRE-JUDGMENT INTEREST** calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | on the sum of $ | | | | | | | |  | | | | | | | | |  | | | at the rate of | | | | | | | | |  | | | | | | | | % | | | | | | | | | | | | | | | |
|  | | per annum from | | | | | | | | | |  | | | | | | | | , 20 | | | | |  | to | |  | | | | | | | | | | | | | | | , 20 | |  | | , | | | | | | | |
|  | | being | | | |  | | | | | | | | | | | days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ |  | | |  |
|  | |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  |
|  | | | **NOTE:** | | | | | | Calculation of interest is always on the amount owing from time to time as payments are received. This is true for both pre-judgment and post-judgment interest. Attach a separate sheet setting out how you calculated the total amount of any pre/post-judgment interest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | **SUBTOTAL** (amount of judgment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | |  | | |  |
| (C) | | | **COSTS** to date of judgment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | |  |
| (D) | | | **TOTAL AMOUNT OF PAYMENTS RECEIVED FROM DEBTOR** after judgment (if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (minus) | | | | | | | | $ | |  | | |  |
| (E) | | | **POST-JUDGMENT INTEREST** to datecalculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | on the sum of $ | | | | | | | |  | | | | |  | | | | at the rate of | | | | | | | | |  | | | | | | | | % | | | | | | | | | | | | | | | | | |
|  | | | per annum from | | | | | | | |  | | | | | | | | | , 20 | | | | |  | to | |  | | | | | | | | | | | | | | , 20 | | |  | | , | | | | | | | |
|  | | | being | | | |  | | | | | | | | | | days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | |  |
| (F) | | | **SUBSEQUENT COSTS** incurred after judgment (including the cost of serving  the Notice of Default of Payment (Form 20L)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TOTAL DUE** | | | | | | | | | | | | | | | **$** | |  | | |  |
|  | | | | | | | | | | | | | | |  | | |  | |  |
| 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 20M** | | | | **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.** | | | | | | | | | | | | | | | |