

FORM 14F

Courts of Justice Act

INFORMATION FOR COURT USE

ONTARIO

SUPERIOR COURT OF JUSTICE

(General heading)

INFORMATION FOR COURT USE

1. This proceeding is an: action application
2. Has it been commenced under the *Class Proceedings Act, 1992*? yes no

3. If the proceeding is an action, does Rule 76 (Simplified Procedure) apply? yes no
- Note: *Subject to the exceptions found in subrule 76.01(1), it is MANDATORY to proceed under Rule 76 for all cases in which the money amount claimed or the value of real or personal property claimed is \$100,000 or less.*

4. The claim in this proceeding (action or application) is in respect of:
- (Select the **one** item that **best** describes the nature of the main claim in the proceeding.)*

| | | | |
|---|--------------------------|---|--------------------------|
| Bankruptcy or insolvency law | <input type="checkbox"/> | Motor vehicle accident | <input type="checkbox"/> |
| Collection of liquidated debt | <input type="checkbox"/> | Municipal law | <input type="checkbox"/> |
| Constitutional law | <input type="checkbox"/> | Partnership law | <input type="checkbox"/> |
| Construction law (other than construction lien) | <input type="checkbox"/> | Personal property security | <input type="checkbox"/> |
| Construction lien | <input type="checkbox"/> | Product liability | <input type="checkbox"/> |
| Contract law | <input type="checkbox"/> | Professional malpractice (other than medical) | <input type="checkbox"/> |
| Corporate law | <input type="checkbox"/> | Real property (including leases; excluding mortgage or charge) | <input type="checkbox"/> |
| Defamation | <input type="checkbox"/> | Tort: economic injury (other than from medical or professional malpractice) | <input type="checkbox"/> |
| Employment or labour law | <input type="checkbox"/> | Tort: personal injury (other than from motor vehicle accident) | <input type="checkbox"/> |
| Intellectual property law | <input type="checkbox"/> | Trusts, fiduciary duty | <input type="checkbox"/> |
| Judicial review | <input type="checkbox"/> | Wills, estates | <input type="checkbox"/> |
| Medical malpractice | <input type="checkbox"/> | | |
| Mortgage or charge | <input type="checkbox"/> | | |

CERTIFICATION

I certify that the above information is correct, to the best of my knowledge.

Date: _____

Signature of lawyer
(if no lawyer, party must sign)