ONTARIO

	UNTARIO	Court File Number
(Na	ame of court)	
at		Form 10: Answer
Court	t office address	
Applicant(s)	Applicant(s) Lawye	er
Full legal name:	Name:	
Address:	Address:	
Phone & fax:	Phone & fax:	
Email:	Email:	
Respondent(s)	Respondent(s) Lav	wyer
Full legal name:	Name:	
Address:	Address:	
Phone & fax:	Phone & fax:	
Email:	Email:	
	INSTRUCTIONS: Financial Statement	
 you are responding to a claim 	g to a claim for spousal support; or	table amount specified under the Child
	UNLESS you are ONLY responding to a clarelines AND you agree with the claim. In that	
COMPLETE A FINANCIAL STATEMEN	NT (Form 13.1) IF:	
 you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents; or 		
 you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents together with other claims for relief. 		
TO THE APPLICANT(S):		
	who is not an applicant, insert the person's name	
AND TO: (full legal name) an added respondent,		

1. I agree with the following claim(s) made by the applicant: (Refer to the numbers alongside the boxes on page 4 of the application form.)

of (address of added party)

My name is (full legal name)

FLR 10 (June 13, 2025) Page 1 of 5

Form 10:	Answer	(page 2)	Court File Number

2.	I do not agree with the following claim(s) made by the applicant: (Again, refer to the numbers alongside the boxes on page 4 of the application form.)
3.	☐ I am asking that the applicant's claim (except for the parts with which I agree) be dismissed with costs.
1.	I am making a claim of my own. (Attach a "Claim by Respondent" page and include it as page 3. Otherwise, do not attach it.)
5.	☐ The FAMILY HISTORY, as set out in the application ☐ is correct. ☐ is not correct.
	(If it is not correct, attach your own FAMILY HISTORY page and underline those parts that are different from the applicant's version.,
ô.	The important facts that form the legal basis for my position in paragraph 2 are as follows: (In numbered paragraphs, set out the facts for your position. Attach an additional sheet and number it if you need more space.)

FLR 10 (June 13, 2025) Page 2 of 5

orm 10:	Answer	(page 3)
orm 10:	Answer	(pa

Court File Number

Lawyer's signature

RESPONDENT'S CERTIFICATE

(Your lawyer, if you are represented, must complete the Lawyer's Certificate below.)

Sections 7.1 to 7.5 of the Divorce Act and section 33.1 of the Children's Law Reform Act require you and the other party to:

- Exercise your decision-making responsibility, parenting time, or contact with a child in a manner that is consistent with the child's best interests;
- Protect the child from conflict arising from this case, to the best of your ability;
- Try to resolve your family law issues by using out-of-court dispute resolution options, if it is appropriate in your case (for more information on dispute resolution options available to you, including court-connected mediation, you can visit the Ministry of the Attorney General's website or www.stepstojustice.ca);
- Provide complete, accurate, and up-to-date information in this case; and
- Comply with any orders made in this case.

Date

r certify that I am aware of these duties under the Divorce Act and the Children's Law Reform Act.		
Date of signature	Respondent's signature	
LAWYER'S CERTIFICATE		
My name is:		
and I am the respondent's lawyer in this case. I certify that I have complied with the requirements of section 7.7 of the <i>Divorce Act</i> and section 33.2 of the <i>Children's Law Reform Act</i> regarding reconciliation and the duty to discuss and inform.		

FLR 10 (June 13, 2025) Page 3 of 5

Form 10:	Answer	(page 4)	

THIS CLAIM IS MADE AGAINST

declaration of parentage

require court leave)

guardianship over child's property

(claim must be served on the Children's Lawyer and the child must currently have property)

contact with child(ren) (this does not

□ Wrongful removal to or retention of child(ren) in Ontario involving a country outside Canada under the Convention on the Civil Aspects of International Child Abduction
 □ Wrongful removal to or retention of child(ren) in Ontario involving a country outside Canada NOT under the Convention on the Civil Aspects of International Child Abduction

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18

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7.

Court File Number

CLAIM BY RESPONDENT

HIII OUT A SE	narate claim	nage for each	nerson against whom	you are making your claim(s).
i iii oat a sc	parate ciairii	page for cacif	person against when	you are making your claim(3).

	☐ THE APPLICANT☐ AN ADDED PARTY, whose name is: (full legal name)				
8.	(If your claim is against an added party, make sure that this person's name appears on page 1 of this form.)				
ask Sup	Claims under the Divorce Act neck boxes in this column only if you are string for a divorce and your case is in the perior Court of Justice or Family Court of Superior Court of Justice.)	Claims relating to property (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.)	Claims relating to child protection		
00 01 02 03 04	□ support for me □ support for child(ren) – table □ amount support for child(ren) - other than table amount □ decision-making responsibility for child(ren)	22	40 access 41 lesser protection order 42 return of child(ren) to my care 43 place child(ren) into care of (name) 44 interim society care and custody for months		
05 06	 contact with child(ren) (this requires 	26 sale of family property	45 ☐ society supervision of my child(ren) for months		
Claims under the Family Law Act or Children's Law Reform Act		Other claims	Other (Specify.)		
10 11 12 13	□ support for child(ren) – table amount □ support for child(ren) – other than table amount □ decision-making responsibility for	30	50		
14 15 16	restraining/non-harassment order				

Give details of the order that you want the court to make. (Include any amounts of support (if known) and the name(s) of the child(ren) for whom you are claiming decision-making responsibility, parenting time, or contact in this case.)

FLR 10 (June 13, 2025) Page 4 of 5

orm 10 :	Answer	(page 5)	Court File Number

(In numbered paragraphs, set out the facts that form the legal basis for your claim(s). Attach an additional page and number it if you need more space.)

Put a line through any blank space left on this page.		
Date of signature	Respondent's signature	

elephone:

For information on accessibility of court services for people with disability-related needs, contact:

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Telephone: 416-326-2220 / 1-800-518-7901 TTY: 416-326-4012 / 1-877-425-0575

FLR 10 (June 13, 2025) Page 5 of 5