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| --- |
| ONTARIO |
|  |  | Court File Number |
| (Name of court) | Form 30B: Default Dispute |
| **at** |       |
|  | Court office address |
| Recipient(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). |
|       |  |       |
|  |
| Payor |
| 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). |
|       |  |       |
|  |
| **My name is** *(full legal name)* |       |
| **I live in** *(municipality & province)* |       |
| **and I that the following is true:** |
| **1.** | I am the person named as payor in this case. |
| Check off and fill in appropriate paragraphs below. Paragraphs that do not apply to you may be struck out and initialled. |
| [ ]  | **2.** | I have not missed any support payments as claimed in the statement of money owed because: |
|  |  | (Set out your reasons for saying that there are no missed payments.) |
|  |       |
| [ ]  | **3.** | I do not owe the amount claimed in the statement of money owed. I owe instead the sum of $ |       | . |
|  |  | The reason for the difference in the amounts is: |
|  |  | (Set out your explanation, if any and if known, for the difference. If you have paid all the money that you claim to owe here, ignore and strike out paragraphs 4 and 5 below; if not, go to paragraph 5 to give your reasons for non-payment.) |
|  |       |
| Put a line through any blank space left on this page. |

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| Form 30B: | Default Dispute | (page 2) | Court File Number |
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|  |
| [ ]  | **4.** | I owe the amount claimed in the statement of money owed. *(Go to paragraph 5 below to give your reasons for not paying.)* |
|  |       |
| [ ]  | **5.** | My reasons for not paying the money that I owe are: *(State your reasons.)* |
|  |       |
| Put a line through any blank space left on this page. |
|  before me at |       |  |  |  |
|  | municipality |  |  |  |
| in |       |  |  |  |
|  | province, state, or country |  |  |  |
| on |       |  |  |  |  |  |
|  | date |  | *Commissioner for taking affidavits(Type or print name below if signature is illegible.)* |  |  | Signature(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |