

Small Claims Court

Claim No.

Address

Phone Number

BETWEEN

Plaintiff(s)

and

Defendant(s)

My name is

Name

And I live at

Street and number

City, province, postal code

Phone number and fax number

1. I consent to act as litigation guardian in this action for the

☐

plaintiff, named

(Name of plaintiff)

(Check one
box only.)

and I acknowledge that I may be personally responsible for any costs awarded against me or against this person.

☐

defendant, named

(Name of defendant)

2. The above-named person is under the following disability:

☐

a minor whose birth date is

(State date of birth of minor)

(Check
appropriate
box(es).)

☐

mentally incapable within the meaning of Section 6 or Section 45 of the *Substitute Decisions Act, 1992* in respect of an issue in a proceeding.

☐

an absentee within the meaning of the *Absentees Act*.

3. My relationship to the person under disability is

(State your relationship to the person under disability.)

Les formules des tribunaux sont affichées en anglais et en français sur le site
www.ontariocourtforms.on.ca. Visitez ce site pour des renseignements sur des formats
accessibles.

4. I have no interest in this action contrary to that of the person under disability.

5. I am

(Check one
box only.)

☐ represented and have given written authority to _____
(Name of representative with authority to act in this proceeding)

of _____
(Address for service)

(Phone number and fax number)

to act in this proceeding.

☐ not represented by a representative.

_____, 20____

(Signature of litigation guardian consenting)

(Signature of witness)

(Name of witness)

Note:	Within seven (7) calendar days of changing your address for service, notify the court and all other parties in writing.
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