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| *ONTARIO* | | | | | | | |  | | | | | | |
| **Superior Court of Justice** | | | | | | | | | | Consent to Act as Litigation Guardian | | | | |
|  | | | | | | | | Form 4A Ont. Reg. No*.*: 258/98 | | | | | | |
|  | | | | | | | |  | | | |  |  | |
| 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 email address | | | | | | | | | | |
| **1.** | I consent to act as litigation guardian in this action for the | | | | | | | | | | | | | |
| (Check one box only.) | | |  | | plaintiff, named |  | | | | | | | | |
|  | |  | | (Name of plaintiff) | | | | | | | |
|  | | 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: | | | | | | | | | | | | | |
| (Check appropriate box(es).) | | |  | | a minor whose birth date is | | | | | |  | | | . |
|  | |  | | | | | | (State date of birth of minor) | | |  |
|  | | 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](http://www.ontariocourtforms.on.ca). Visitez ce site pour des renseignements sur des formats accessibles. | | | | | | | | | | | | | | | |

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| **FORM 4A** | | | | | | | | **PAGE 2** | | | |  | | | |
|  | | | | | | | |  | | | | Claim No. | | | |
| **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 email address) | | | | | | | | | | |
|  | | 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. | | | | | | | | | | | |