|  |  |
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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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|  |  | 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. |