

Small Claims Court

Claim No.

Address

Phone number

**BETWEEN**

Plaintiff(s)/Creditor(s)

**and**

Defendant(s)/Debtor(s)

**My name is** .....  
(Full name)

**I live in** .....  
(Municipality & province)

**and I swear/affirm that the following is true:**

**1. In this action, I am the**

(Check one box only.)  plaintiff/creditor.  
 representative of the plaintiff(s)/creditor(s) .....  
(Name of plaintiff(s)/creditor(s))

**2. To date, I have received from the defendant(s)/debtor(s) \$** .....  
(Amount)

on or about ..... , 20 ..... .

**3. I make this affidavit in support of a request that:**

the clerk of the court issue a Default Judgment (Form 11B) [R. 9.03(2)(c)]. The defendant(s)

.....  
(Name(s) of defendant(s))

failed to make payment in accordance with the proposed terms of payment in the Defence  
(Form 9A) dated ..... , 20 ..... and fifteen (15) days have passed since the  
defendant was served with a Notice of Default of Payment (Form 20L) at the following address(es):

.....  
(Address(es) of defendant(s))

the clerk of the court issue a Default Judgment (Form 11B) [R. 9.03(7)]. The defendant(s)

.....  
(Name of defendant(s))

failed to make payment in accordance with the terms of payment order  
dated ..... , 20 ..... .

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.

I may enforce the judgment [R. 20.02(3)]. The debtor(s)

(Check appropriate box and complete paragraph.)

(Name(s) of debtor(s))  
failed to make payment in accordance with the order for periodic payment dated \_\_\_\_\_, 20\_\_\_\_\_, and fifteen (15) days have passed since the debtor(s) has/have been served with a Notice of Default of Payment (Form 20L) at the following address(es):

(Address(es) of debtor(s))

A Consent (Form 13B) in which the creditor waives the default has not been filed.

**4. The unpaid balance is calculated as follows:**

**(A) DEBT**

\$ \_\_\_\_\_

**(B) PRE-JUDGMENT INTEREST calculated**

on the sum of \$ \_\_\_\_\_ at the rate of \_\_\_\_\_ %

per annum from \_\_\_\_\_, 20\_\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_\_,

being \_\_\_\_\_ days. \$ \_\_\_\_\_

**NOTE:** Calculation of interest is always on the amount owing from time to time as payments are received. This is true for both pre-judgment and post-judgment interest. Attach a separate sheet setting out how you calculated the total amount of any pre/post-judgment interest.

**SUBTOTAL (amount of judgment) \$ .....**

**(C) COSTS to date of judgment** \$ \_\_\_\_\_

**(D) TOTAL AMOUNT OF PAYMENTS RECEIVED FROM DEBTOR**

after judgment (if any) (minus) \$ \_\_\_\_\_

**(E) POST-JUDGMENT INTEREST to date calculated**

on the sum of \$ \_\_\_\_\_ at the rate of \_\_\_\_\_ %

per annum from \_\_\_\_\_, 20\_\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_\_,

being \_\_\_\_\_ days. \$ \_\_\_\_\_

**(F) SUBSEQUENT COSTS** incurred after judgment (including the cost of serving the Notice of Default of Payment (Form 20L)) \$ \_\_\_\_\_

**TOTAL DUE \$ .....**

Sworn/Affirmed before me (select one):  in person **OR**  by video conference

Complete if affidavit is being sworn or affirmed in person:

at the \_\_\_\_\_ of \_\_\_\_\_, in the \_\_\_\_\_  
(city, town, etc.) (County, Regional Municipality, etc.)

of \_\_\_\_\_, on \_\_\_\_\_  
(date)

Signature of Commissioner (or as may be)

Signature of Deponent

**Use one of the following if affidavit is being sworn or affirmed by video conference:****Complete if deponent and commissioner are in same city or town:**

by \_\_\_\_\_ at the \_\_\_\_\_  
(deponent's name) (city, town, etc.)  
of \_\_\_\_\_ in the \_\_\_\_\_  
(County, Regional Municipality, etc.)  
of \_\_\_\_\_, before me on \_\_\_\_\_  
(date)

in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

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Signature of Commissioner (or as may be)

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Signature of Deponent**Complete if deponent and commissioner are not in same city or town:**

by \_\_\_\_\_ at the \_\_\_\_\_  
(deponent's name) (city, town, etc.)  
of \_\_\_\_\_ in the \_\_\_\_\_  
(County, Regional Municipality, etc.)  
of \_\_\_\_\_, before me at the \_\_\_\_\_  
(city, town, etc.)  
of \_\_\_\_\_ in the \_\_\_\_\_  
(County, Regional Municipality, etc.)  
of \_\_\_\_\_, on \_\_\_\_\_ in accordance  
(date)

with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

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Signature of Commissioner (or as may be)

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Signature of Deponent**WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.**