

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) \$ _____, the last payment being made
(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):

(Check
appropriate
box and
complete
paragraph.)

(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. 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)

Signature of Commissioner (or as may be)

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)

Signature of Commissioner (or as may be)

Signature of Deponent

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