

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)

I make this affidavit to support my motion for payment out of court of money belonging to

(Name of person under disability)

of _____,
(Address)

who is _____
(State the nature of the disability)

and who was born on _____
(Date)

I am _____
(State your connection with the person under disability)

The Accountant has informed me that
\$ _____, including interest accrued to
_____, is in court.
(Date)

There has been previously paid out the sum of
\$ _____ on _____
(Date)

I propose that the sum of \$ _____ should be paid out of court to _____
(Name of person)

for the following purpose: *(Set out what the person you named will do with the money.)*

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 believe that this money should be paid out of court for the following reasons:
Set out your reasons in numbered paragraphs.

If more space is required, attach and initial extra pages.

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.