

ONTARIO  
Superior Court of Justice

**Affidavit**  
Form 15B Ont. Reg. No.: 258/98

.....  
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 in relation to:** .....  
(Specify why the affidavit is being filed with the court.)

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

*Set out the facts in numbered paragraphs. If you learned a fact from someone else, you must give that person's name and state that you believe that fact to be true.*

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.

*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

.....  
Claim No.

**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.**