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| --- | --- |
| Small Claims Court Location | Court File No. |
|       |       |
| ONTARIO SMALL CLAIMS COURT |
| BETWEEN: |
|       | , Plaintiff(s) |
| -and- |
|       | , Defendant(s) |

You must submit this form to request a motion in writing that is without notice to any other party.

**DIRECTIONS:**

Complete this form. When submitting it to the Court, please also attach [1] the plaintiff’s claim and [2] Affidavit(s) of Service of the claim (if assessment of damages sought) and [3] your motion in writing (in Form 15A).

Please send your email with this form and the required attachments to smallclaims.motionsinwriting@ontario.ca.

To see what is required in your email, please see the [*Consolidated Notice to the Profession and Public Regarding the Small Claims Court*](file:///%5C%5CJUS00ADC1084%5CSCJCentral%5C1.%20CHIEF%20JUSTICE%20FILES%5C7.%20SECURITY%5CCOVID%20-%2019%5CSmall%20Claims%20Court%5COctober%202020%20expansion%5CConsolidated%20Notice%20to%20the%20Profession%20and%20Public%20Regarding%20the%20Small%20Claims%20Court). Do not add additional pages to this form. **Your request will not be accepted unless each of the documents required as set out above is a separate attachment to the same email submitting this form (i.e. please do not send multiple documents in the same attachment).**

You will receive a decision on your motion in writing by email.

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| Plaintiff name(s) |
|       |
| Plaintiff(s) telephone number | Email address |
|       |       |
| Defendant name(s) |
|       |
| Defendant(s) telephone number | Email address |
|       |       |
| Requestor’s name | Requestor’s role (party or legal representative) |
|       |       |
| Requestor’s telephone number | Email address |
|       |       |
| Date of request |
|       |
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|       |  |       |  |  |
| (Date) |  | (Name of party/legal representative) |  | Signature |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |  |
|  |  | (Role: plaintiff/defendant/legal representative) |  |  |
|  |  |       |  |  |
|  |  | (Telephone number) |  |  |
|  |  |       |  |  |
|  |  | (Email address) |  |  |