|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto: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:///\\JUS00ADC1084\SCJCentral\1.%20CHIEF%20JUSTICE%20FILES\7.%20SECURITY\COVID%20-%2019\Small%20Claims%20Court\October%202020%20expansion\Consolidated%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.

|  |  |
| --- | --- |
| 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 | |
|  | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (Date) |  | (Name of party/legal representative) |  | Signature |

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