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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:

* Court staff to process a request to clerk for an assessment hearing;
* the Court to decide a motion in writing for an assessment of damages; or
* the Court to decide any other motion in writing that is without notice to any other party.

Please note that the Court is only considering certain requests to clerk and motions in writing. For the most up to date information on this, please see the [*Consolidated Notice to the Profession and Public Regarding the Small Claims Court*](file:///C%3A%5CUsers%5CPATLIKJ%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C9V6JZNGY%5CConsolidated%20Notice%20to%20the%20Profession%20and%20Public%20Regarding%20the%20Small%20Claims%20Court).

Assessment hearings will be conducted by Zoom, a videoconferencing program, unless the party seeking the hearing indicates that they are unable to participate by Zoom. The Court will make the arrangements for Zoom and will advise the party of the connection arrangements. If the party is unable to participate by Zoom, the Court will arrange for a teleconference line to be used. A device with a camera and a microphone, plus access to WiFi/an internet connection, will be required for participation by Zoom.

**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 hearing or assessment of damages sought) and [3] EITHER your request to clerk (in Form 9B) for an assessment hearing OR your motion in writing (in Form 15A). If submitting a request to clerk, please also include any documentation you intend to rely on at the requested assessment hearing.

If requesting the Court to decide a motion in writing, please send your email with this form and the required attachments to smallclaims.motionsinwriting@ontario.ca.

If requesting court staff to process a request to clerk for an assessment hearing, please send your email with this form and the required attachments to [smallclaims.assessments@ontario.ca](file:///%5C%5CJUS00ADC1084%5CSCJCentral%5C1.%20CHIEF%20JUSTICE%20FILES%5C7.%20SECURITY%5CCOVID%20-%2019%5CSmall%20Claims%20Court%5COctober%202020%20expansion%5CRequest%20forms%5Csmallclaims.assessments%40ontario.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 all of the documents required as set out above are attached to the same email submitting this form.**

If your request to clerk leads to an assessment hearing, you will receive an email with information including the date of your hearing and details about how to attend. If you are submitting a motion in writing, you will receive a decision by email.

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| Type of request |
| **[ ]**  Request to clerk (Form 9B) **[ ]**  Motion in writing (Form 15A) |
| 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 the motion in writing or request to clerk was previously filed with the Court |
|       |

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| Check this box only if you or your client in this action are unable to participate using Zoom |
| [ ]  |
| Language of assessment hearing (if applicable) (check one box) |
| [ ]  English | [ ]  French |
| Date(s) or time(s) in which at least one party or legal representative is not available to attend a hearing (if applicable) (to the best of your knowledge) |
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|       |  |       |  |  |
| (Date) |  | (Name of party/legal representative) |  | Signature |

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