|  |  |  |  |
| --- | --- | --- | --- |
| 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. A requested assessment hearing will be scheduled only if all defendants in the action were noted in default before the request is submitted.

Assessment hearings will be conducted by Zoom, a videoconferencing platform, 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, [2] Affidavit(s) of Service of the claim, [3] your request to clerk (in Form 9B) for an assessment hearing and [4] any documentation you intend to rely on at the requested assessment hearing.

Please send your email with this form and the required attachments to [smallclaims.assessments@ontario.ca](file:///\\JUS00ADC1084\SCJCentral\1.%20CHIEF%20JUSTICE%20FILES\7.%20SECURITY\COVID%20-%2019\Small%20Claims%20Court\October%202020%20expansion\Request%20forms\smallclaims.assessments@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).**

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.

|  |  |
| --- | --- |
| 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(s) the defendant(s) was(were) noted in default |
|  |

|  |  |
| --- | --- |
| Check this box only if you or your client in this action are unable to participate using Zoom | |
|  | |
| Language of assessment hearing (check one box) | |
| English | French |
| Date(s) or time(s) in which you or your client in this action are not available to attend a hearing (to the best of your knowledge) | |
|  | |

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

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