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

To ask the Court to schedule a remote settlement conference, please submit this form. The Court will conduct the conference only if:

* The requesting party provides a valid and current email address for the non-requesting party or parties; and
* Each party can send and receive emails using the email addresses provided.

Conferences will be conducted by Zoom, a videoconferencing platform, unless a party indicates that they are unable to participate by Zoom. The Court will make the arrangements for Zoom and will advise the parties of the connection arrangements. If a party is unable to participate by Zoom, the Court will arrange for a teleconference line will be used. All parties and all legal representatives must attend the settlement conference. A device with a camera and a microphone, plus access to WiFi/an internet connection, will be required for participation by Zoom.

**DIRECTIONS:**

Please ensure that you have filed the following documents **before** you submit this request form: [1] A copy of any document that you intend to rely on at trial (including an expert report) that is not already attached to your claim or defence and [2] A list of proposed witnesses (in Form 13A) and other individuals who know about the matters in dispute.

Complete this form and email it to **smallclaims.settlementconferences@ontario.ca**. The subject line of your email must include the court location, file number, the word “Settlement Conference” and your name. Please do not add additional pages.

Please DO NOT email court documents with your request. If your requested settlement conference is scheduled, you will receive an email with information including the date of your hearing, details about how to attend, and an email address where you must send your court documents for the hearing.

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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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| Check this box only if you or your client in this action are unable to participate using Zoom |
| [ ]  |  |
| Language of requested settlement conference (check one box) |
| [ ]  English | [ ]  French |
| Date(s) or time(s) in which at least one party or legal representative is not available to attend (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) |  |  |

**DO NOT ATTACH ANY COURT DOCUMENTS.**