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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 the Court to hear a motion to set aside a noting in default and/or a default judgment against you or your client.

These motions will be conducted by Zoom, a videoconferencing program, 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 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 and submit it to [smallclaims.motions@ontario.ca](file:///%5C%5CJUS00ADC1084%5CSCJCentral%5C1.%20CHIEF%20JUSTICE%20FILES%5C7.%20SECURITY%5CCOVID%20-%2019%5CSmall%20Claims%20Court%5COctober%202020%20expansion%5CRequest%20forms%5Csmallclaims.motions%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. **Please do not attach any court documents to your email.**

If your request is accepted, court staff will email you a hearing date for the motion and instructions for submitting the motion materials to the court. Once you have this date, you must serve your motion in accordance with the [*Rules of the Small Claims Court*](https://www.ontario.ca/laws/regulation/980258) and submit it to the court in accordance with the local court office’s instructions.

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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 |
|       |
| 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 |

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| 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) |  |  |