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| **Instructions for Filing a Defence to a Claim** |
| **Step 1: COMPLETE** a **Defence** form.Make sure your name and address are right so you will receive documents about the case. State what you disagree with and why, and if there is anything you agree with. Attach copies of any documents that help your case. If you want to pay all or part of the amount owing, state how much you will pay and when you will pay. |
| If there is more than one plaintiff or defendant, complete an **Additional Parties** form (Form 1A) and put it right behind page one of your defence form. You can get the additional parties form and other forms at the court office or online at [www.ontariocourtforms.on.ca](http://www.ontariocourtforms.on.ca). |
| **Step 2: SERVE** your completed Defence form and any attachments on every other party in the case and complete an Affidavit of Service (Form 8A). For more information, see the **“Guide to Serving Documents”** available at the court office and online at [www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca). |
| **Step 3: FILE** yourDefence(Form 9A) and Affidavit of Service (Form 8A). Take the completed forms and related documents to the court office where the plaintiff filed the claim. You must do this within 20 days after you received the claim. If you miss the 20 day deadline, you can still file the defence as long as the plaintiff has not yet asked the court to have you noted in default, or with leave of the court if you have been noted in default. Pay the court filing fee. Cheques and money orders are payable to the Minister of Finance. The fees are listed at the court office and online at [www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca). |
| If you have been noted in default, you must take additional steps if you wish to file a defence. See the Small Claims Court **"Guide to Replying to a Claim"** referenced below for more information. |
| If your Defence contains a proposal of terms of payment and you fail to make payment in accordance with your proposal, judgment for the unpaid balance may be ordered against you. |
| **What if the plaintiff owes me money or someone else is responsible for the loss?** |
| If you wish to file a **Defendant's Claim** form (Form 10A) against the plaintiff or other person, you must file it no later than 20 days after you file your defence. If you miss this deadline, you can ask the court on motion for permission to file it later. There is a filing fee. |
| For more information about replying to a claim or making a defendant’s claim, see the Small Claims Court **"Guide to Replying to a Claim"** available at the court office and online at [www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca). Also see the **Defendant's Claim** form online at [www.ontariocourtforms.on.ca](http://www.ontariocourtforms.on.ca). |
| **DO NOT FILE THIS PAGE.** |

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| *ONTARIO* | |  | | | | | | | | | | | |
| **Superior Court of Justice** | | | | | | | Defence | | | | | | |
|  | | | | | | | | Form 9A Ont. Reg. No*.*: 258/98 | | | | | |
|  |  | | | | | | | | |  |  | | |
|  | Small Claims Court | | | | | | | | |  | Claim No. | | |
|  |  | | | | | | | | |  |  | | |
|  |  | | | | | | | | |  |  | | |
|  | Address | | | | | | | | |  |  | | |
|  |  | | | | | | | | |  |  | | |
|  | Phone number | | | | | | | | |  |  | | |
| Plaintiff No. 1 | | |  | | Additional plaintiff(s) listed on attached Form 1A. | | | | | | |  | Under 18 years of age. |
| Last name, or name of company | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| First name | | | | Second name | | | | | Also known as | | | | |
|  | | | |  | | | | |  | | | | |
| Address (street number, apt., unit) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| City/Town | | | | | | Province | | | Phone no. | | | | |
|  | | | | | |  | | |  | | | | |
| Postal code | | | | | | | | | Fax no. | | | | |
|  | | | | | | | | |  | | | | |
| Representative | | | | | | | | | LSUC # | | | | |
|  | | | | | | | | |  | | | | |
| Address (street number, apt., unit) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| City/Town | | | | | | Province | | | Phone no. | | | | |
|  | | | | | |  | | |  | | | | |
| Postal code | | | | | | | | | Fax no. | | | | |
|  | | | | | | | | |  | | | | |
| Defendant No. 1 | | |  | | Additional defendant(s) listed on attached Form 1A. | | | | | | |  | Under 18 years of age. |
| Last name, or name of company | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| First name | | | | Second name | | | | | Also known as | | | | |
|  | | | |  | | | | |  | | | | |
| Address (street number, apt., unit) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| City/Town | | | | | | Province | | | Phone no. | | | | |
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| Postal code | | | | | | | | | Fax no. | | | | |
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| Representative | | | | | | | | | LSUC # | | | | |
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| Address (street number, apt., unit) | | | | | | | | | | | | | |
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| City/Town | | | | | | Province | | | Phone no. | | | | |
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| Postal code | | | | | | | | | Fax no. | | | | |
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| Les formules des tribunaux sont affichées en anglais et en français sur le site [www.ontariocourtforms.on.ca](http://www.ontariocourtforms.on.ca/). Visitez ce site pour des renseignements sur des formats accessibles. | | | | | | | | | | | | | |

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| **FORM 9A** | | | | | **PAGE 2** | | | | | | | |  | | | | |
|  | | | | |  | | | | | | | | Claim No. | | | | |
| **THIS DEFENCE IS BEING FILED ON BEHALF OF:** | | | | | | | | | (Name(s) of defendant(s)) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| and I/we: | | | (Check as many as apply) | | | | | | | | | | | | | | |
|  | Dispute the claim made against me/us. | | | | | | | | | | | | | | | | |
|  | Admit the full claim and propose the following terms of payment: | | | | | | | | | | | | | | | | |
|  | $ |  | | | | per |  | | | commencing | |  | | , 20 | |  | . |
|  |  | (Amount) | | | |  | (Week/month) | | |  | | | |  | |  |  |
|  | Admit part of the claim in the amount of $ | | | | | | |  | | | and propose the following terms of payment: | | | | | | |
|  |  | | | | | | | (Amount) | | |  | | | | | | |
|  | $ |  | | | | per |  | | | commencing | |  | | , 20 |  | | . |
|  |  | (Amount) | | | |  | (Week/month) | | |  | | | |  | | | |
| **REASONS FOR DISPUTING THE CLAIM AND DETAILS:** | | | | | | | | | | | | | | | | | |
| Explain what happened, including where and when. Explain why you do not agree with the claim made against you. | | | | | | | | | | | | | | | | | |
| If you are relying on any documents, you **MUST** attach copies to the Defence. If evidence is lost or unavailable, you **MUST** explain why it is not attached. | | | | | | | | | | | | | | | | | |
| **What happened? Where? When?** | | | |  | | | | | | | | | | | | | |

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| **FORM 9A** | | | | | **PAGE 3** | | | | |  | |
|  | | | | |  | | | | | Claim No. | |
|  | | |  | | | | | | | | |
| **Why I/we disagree with all or part of the claim:** | | |  | | | | | | | | |
|  | **ADDITIONAL PAGES ARE ATTACHED BECAUSE MORE ROOM WAS NEEDED.** | | | | | | | | | | |
| Prepared on: | |  | | | | , 20 |  |  |  | | |
|  | |  | | | |  |  |  | (Signature of defendant or representative) | | |
| **NOTE:** | | | | Within seven (7) calendar days of changing your address for service, notify the court and all other parties in writing. | | | | | | | | |
|  | | | | | | | | | | | | |
| **CAUTION TO PLAINTIFF(S):** | | | | If this Defence contains a proposal of terms of payment, you are deemed to have accepted the terms **unless** you file with the clerk and serve on the defendant(s) a Request to Clerk (Form 9B) for a terms of payment hearing **WITHIN TWENTY (20) CALENDAR DAYS** of service of this Defence [R. 9.03(3)]. | | | | | | |