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| *ONTARIO* | | | |  | | | | | |
| **Superior Court of Justice** | | | | | | | List of Proposed Witnesses | | |
|  | | | | Form 13A Ont. Reg. No*.*: 258/98 | | | | | |
|  | | | |  | | | |  |  |
|  | | | | Small Claims Court | | | |  | Claim No. |
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|  | | | |  | | | |  |  |
|  | | | | Address | | | |  |  |
|  | | | |  | | | |  |  |
|  | | | | Phone number | | | |  |  |
| **BETWEEN** | | | | | | | | | |
|  | | | | | | | | | |
| Plaintiff(s) | | | | | | | | | |
| **and** | | | | | | | | | |
|  | | | | | | | | | |
| Defendant(s) | | | | | | | | | |
| **My name is** | |  | | | | | | | |
|  | | | (Name of party/representative) | | | | | | |
| The following is my list of proposed witnesses in this case: | | | | | | | | | |
| **Name of witness** | | | | |  | **Address, phone and fax numbers** | | | |
| **1.** |  | | | |  |  | | | |
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| **2.** |  | | | |  |  | | | |
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| **3.** |  | | | |  |  | | | |
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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 13A** | | | **PAGE 2** | | | | | | |  |
|  | | |  | | | | | | | Claim No. |
| **4.** |  | | | | | | |  |  | |
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| **5.** |  | | | | | | |  |  | |
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| The following is my list of other persons with knowledge of the matter in dispute in this case: | | | | | | | | | | |
| **Name of person** | | | | | | | |  | **Address, phone and fax numbers** | |
| **1.** |  | | | | | | |  |  | |
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| **2.** |  | | | | | | |  |  | |
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| *(Attach a separate sheet in the above format for additional witnesses or other persons.)* | | | | | | | | | | |
|  | | | | , 20 |  |  |  | | | |
|  | | | |  | |  | (Signature of party or representative) | | | |
|  |  | | | |
|  | | | | | |  | (Name, address and phone number of party or representative) | | | |
| **NOTE:** | | **EACH PARTY MUST SERVE THIS LIST** on all other parties and file it with the court at least fourteen (14) days before the settlement conference [R. 13.03(2)(b)]. | | | | | | | | |