|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | |
| [SEAL] |  | |  | | | | | |  | Court File Number | | | |
|  | | (Name of court) | | | | | |  | | | |
| **at** | |  | | | | | | Form 30: Notice of  Default Hearing | | | |
|  |  | | Court office address | | | | | |
| Recipient(s) | | | | | | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | |
|  | | | | | |  |  | | | | | | |
|  |
| Payor | | | | | |  |  | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | |
|  | | | | | |  |  | | | | | | |
|  |
| **TO** *(name of payor)* | |  | | | | | | | | | | | |
| **YOU MUST COME TO COURT on** *(date)* | | | |  | | | | | | | **, at** |  | **a.m./p.m.** |
| **or as soon after that time as the court can hear the matter, at** *(place of hearing)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| It is claimed by the recipient or on the recipient’s behalf that you have missed support payments under an order or a domestic contract. Details of the claim against you can be found in the attached copy of the statement of money owed. If it is missing, you should contact the court office immediately. The court has been asked to hold a default hearing under section 41 of the *Family Responsibility and Support Arrears Enforcement Act*, in which you will be required to explain not only the missed payments mentioned in the statement of money owed, but also any payments missed right up to the day when the court holds the hearing. | | | | | | | | | | | | | |
| **YOU MUST FILL OUT the attached blank forms of the financial statement (Form 13) and the default dispute (Form 30B), serve a copy of the completed forms on the recipient’s lawyer, or on the recipient if the recipient has no lawyer, or on the Director of the Family Responsibility Office, and then file the completed forms, together with proof of service (Form 6B), at the court office, all within 10 days after service of this notice on you. You can use any method of service allowed under rule 6 of the *Family Law Rules*, including mail, courier or fax. If the blank forms are missing, you must talk to the court office immediately.** | | | | | | | | | | | | | |
| **IF YOU DO NOT FILL OUT AND SERVE THE FINANCIAL STATEMENT OR IF YOU DO NOT COME TO COURT AS REQUIRED BY THIS NOTICE, A WARRANT MAY BE ISSUED FOR YOUR ARREST TO BRING YOU TO COURT.** | | | | | | | | | | | | | |
| You should bring with you to the default hearing any documents (such as cancelled cheques) that you need to prove that you made payments that are claimed to be missing. You may bring your own lawyer with you. | | | | | | | | | | | | | |
| **AT THE DEFAULT HEARING, THE COURT MAY MAKE AN ORDER AGAINST YOU, INCLUDING AN ORDER FOR YOUR IMPRISONMENT FOR UP TO 180 DAYS. YOU MAY ALSO BE ORDERED TO PAY COSTS.** | | | | | | | | | | | | | |
| **IF YOU PAY THE AMOUNT OF THE MISSING PAYMENTS ON OR BEFORE THE DAY OF THE HEARING, YOU MAY STILL BE REQUIRED TO COME TO COURT AND TO PAY COSTS.** | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | |
| Date of signature | | | | |  | | | Signature of clerk of the court | | | | | |