

Small Claims Court

Claim No.

Address

Phone number

**BETWEEN**

Plaintiff(s)

**and**

Defendant(s)

**My name is**

Name
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**And I live at**

Street and number
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City, province, postal code
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Phone number and email address
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1. I consent to act as litigation guardian in this action for the

plaintiff, named \_\_\_\_\_  
(Name of plaintiff)

(Check one box only.)

and I acknowledge that I may be personally responsible for any costs awarded against me or against this person.

defendant, named \_\_\_\_\_  
(Name of defendant)

2. The above-named person is under the following disability:

a minor whose birth date is \_\_\_\_\_  
(State date of birth of minor)

(Check appropriate box(es).)

mentally incapable within the meaning of Section 6 or Section 45 of the *Substitute Decisions Act, 1992* in respect of an issue in a proceeding.

an absentee within the meaning of the *Absentees Act*.

3. My relationship to the person under disability is:

(State your relationship to the person under disability.)

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.

4. I have no interest in this action contrary to that of the person under disability.

5. I am

(Check one box only.)

represented and have given written authority to \_\_\_\_\_  
(Name of representative with authority to act in this proceeding)

of \_\_\_\_\_  
(Address for service)

\_\_\_\_\_  
(Phone number and email address)

to act in this proceeding.

not represented by a representative.

	_____, 20 _____
	_____ (Signature of litigation guardian consenting)
	_____ (Signature of witness)
	_____ (Name of witness)

**NOTE:** Within seven (7) calendar days of changing your address for service, notify the court and all other parties in writing.