ONTARIO Superior Court of Justice

Notice of Garnishment Hearing

Form 20Q Ont. Reg. No.: 258/98

	Small Claims Court	Claim No.
	Address	
	Phone Number	
Creditor		Additional creditor(s) listed on the attached Form 1A.
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.
Debtor 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 no.
Address (street number, apt., unit)		·
City/Town	Province	Phone no.
Postal Code		Fax no.
	nishment Hearing must be served by the pener of debt, if any, and any other interested	erson requesting the hearing on the creditor, debtor,

Les formules des tribunaux sont affichées en anglais et en français sur le site www.ontariocourtforms.on.ca. Visitez ce site pour des renseignements sur des formats accessibles.

FORM 20Q	PAG

AGE 2	
.02 2	Claim No.

Garnishee			
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.	
Co-Owner of Debt (if any)	Additional co-o	wner(s) listed on the attached Form 1A.	
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.	
Other Interested Person (if any)	Additional inter	rested person(s) listed on the attached Form 1A.	
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.	

7	laim	NIO	

TO	THE	PAR	TIES
10	INE	FAR	IIEO

(The person requesting this garnishment hearing or the person's representative must contact the clerk of the court to	choose a time and date
when the court could hold this garnishment hearing.)	

when the court could hold	this garnishment hearing.)			
HIS COURT WILL HO	LD A GARNISHMENT HEARIN	G on	, 20	, at
(Time)	, or as soon as po	ssible after that time, at (Address	of court location an	d courtroom number)
pecause (Check the appr				
the creditor	the debtor	the garnishee	the co-	owner of debt
_ other interested pers	son:	(Specify)		
Additional pag	es are attached because more	e space was needed.		
	, 20			
		(Signature	of party or represen	tative)

NOTE:

If you fail to attend this garnishment hearing, an order may be made in your absence and enforced against you.



For information on accessibility of court services for people with disability-related needs, contact:



Telephone: 416-326-2220 / 1-800-518-7901 TTY: 416-326-4012 / 1-877-425-0575