Financial Services Commission of Ontario

Dispute Resolution Group

Response to Appeal

Form J

Complete ALL sections.
Attach extra sheets if necessary.

Appeal file number
P-

Save

Appellant

Company name **OR** Last name | First name | Middle name

☐ Mr.
☐ Mrs.
☐ Ms.

Respondent's name and address

Company name **OR** Last name | First name | Middle name

☐ Mr.
☐ Mrs.
☐ Ms.

Street address | City | Province | Postal Code

Phone number ( ) | Fax number ( ) | Electronic mail address

Respondent's Representative

Last name | First name | File reference number

☐ Mr.
☐ Mrs.
☐ Ms.

Title | Firm name

Street address | City | Province | Postal Code

Work phone number ( ) | Fax number ( ) | Electronic mail address

Relationship to the Respondent

☐ lawyer ☐ para legal ☐ parent with whom the child resides ☐ spouse or family relation ☐ executor/ administrator/ trustee ☐ court appointed guardian ☐ other, specify ▶

Response to Appeal

Briefly explain your response to the appellant's reasons for appeal. (Questions of law only.)

☐ Extra sheets attached.

1848 (03/01)

Response to Preliminary Matters

Set out your response to the preliminary matters raised in the **Notice of Appeal** (transcript, stay, appeal of a preliminary or interim order, new evidence). *See instruction sheet for details.* **Your response should be as complete as possible.**

☐ Extra sheets attached.

Signature and Certification

I certify that all information in this Response to Appeal and attachments is true and complete. I realize that copies of all information filed with this Response to Appeal will be given to the other party in this dispute.

Name (please print)	Title ☐ Respondent ☐ Representative	
Signature	Date	

If your representative is NOT a lawyer, please certify that you have provided your representative with full authorization to discuss all issues in dispute, to negotiate and to enter into an agreement or settlement of any and all issues in dispute, on your behalf in connection with this Appeal.

I certify that my representative *(name of representative ▼)*

has full authorization as described above

Respondent Signature	Date	**Total number of extra sheets attached**