



**Financial Services
Commission
of Ontario**
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Dispute
Resolution
Services

Response to Appeal Form J

Appeal file number
P-

**Complete ALL sections.
Attach extra sheets if necessary.**

APPELLANT

<input type="checkbox"/> Mr.	Company name OR Last name	First name	Middle name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

RESPONDENT'S NAME AND ADDRESS

<input type="checkbox"/> Mr.	Company name OR Last name	First name	Middle name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Phone number ()	Ext.	Fax number ()	Email address

RESPONDENT'S REPRESENTATIVE

<input type="checkbox"/> Mr.	Last name	First name	File reference number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Phone number ()	Ext.	Fax number ()	Email address (required)
The representative is :			
<input type="checkbox"/> Lawyer	Law Society licence number	_____	
<input type="checkbox"/> Licensed paralegal	Law Society licence number	_____	
<input type="checkbox"/> Not required to be licensed			
Specify the type of exemption from the list of exemptions recognized in the Law Society 's by-laws			

RESPONSE TO APPEAL

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

Extra sheets attached

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.

Respondent Name (please print) Title
 Representative

Signature

Date (yyyy/mm/dd)

Total number of extra sheets attached ▼