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| *ONTARIO* | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Superior Court of Justice** | | | | | | | | | | | | | | | | Lawyer or Paralegal’s Certificate of Service | | | | | | | | | |
|  | | | | | | | | | | | | Form 8B Ont. Reg. No*.*: 258/98 | | | | | | | | | | | | | |
| Toronto | | | | | | | | |  | SC-00-56789-00 | | | |
| Small Claims Court | | | | | | | | |  | Claim No. | | | |
| 47 Sheppard Ave. E.  North York, Ontario  M2N 5N1 | | | | | | | | |  |  | | | |
| Address | | | | | | | | |  |
| 416 326 3554 | | | | | | | | |  |
|  | | | | | | | | | | | | Phone number | | | | | | | | |  |
| **BETWEEN** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maxine Xiang Chong | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plaintiff(s) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **and** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ramona Valerie Kingman | | | | | | | | | | | | | | | | | | | | | | | | | |
| Defendant(s) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My name is** | | | | | | Elizabeth Chunhua Lee | | | | | | | | | | | | | , Law Society of Ontario # | | | | P##### | | . |
|  | | | | | | (Full name) | | | | | | | | | | | | |  | | | | (LSO number) | |  |
| **I am** | | paralegal | | | | | | | | **for the** | | | Plaintiff, Maxine Xiang Chong | | | | | | | | | | | | |
|  | | (Insert “lawyer” or “paralegal”) | | | | | | | |  | | | (Insert “plaintiff”, “defendant”, etc. followed by your client’s name) | | | | | | | | | | | | |
| **and I CERTIFY that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | *Select one:* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | I served the document(s) identified in Section 2 myself. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | I caused the document(s) identified in Section 2 to be served by | | | | | | | | | | | | | | | | | Claire Barbara Ivory, process server | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | (Full name and title/role of person who served) | | | | | |
|  |  | | AND I am satisfied that service was effected in the manner described. | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | Claire Barabara Ivory | | | | | | | | | | | | | | | | served | Ramona Valerie Kingman | | | | | | , | |
|  | (Insert “I” or name of person who served) | | | | | | | | | | | | | | | |  | (Full name of person/corporation/etc. who was served) | | | | | |  | |
|  | on | | | June 28 | | | | | , 20 | | | – | | , at | 48 Brimley Road, Unit 1306, Toronto, Ontario, M1V 1E1 | | | | | | | | | | |
|  |  | | | (Date) | | | | |  | | | | | | (Street or mailing address (street and number, unit, municipality, province) or email address) | | | | | | | | | | |
|  | which is | | | | | |  | the address of the person’s home | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | the address of the place of business of the corporation/partnership/sole proprietorship | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | the address of the person's or corporation's representative on record with the court | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | the address on the document most recently filed in court by the party | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | the address of the corporation's attorney for service in Ontario | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | other address: | | |  | | | | | | | | | | | | | | |
|  |  | | | | | |  |  | | | (Specify.) | | | | | | | | | | | | | | |
|  | with | | | | the Plaintiff's Claim | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | (Name(s) of document(s) served) | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | |

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| FORM 8B | | | | | | | | | **PAGE 2** | | | | | | | | | SC-00-56789-00 | | | | | |
|  | | | | | | | | |  | | | | | | | | | Claim No. | | | | | |
| **3.** | **The document(s) referred to in Section 2 were served by the following method:** | | | | | | | | | | | | | | | | | | | | | | |
|  | (Tell how service took place by checking appropriate box(es).) | | | | | | | | | | | | | | | | | | | | | | |
| **Personal service** | |  | *On an individual who is not a person under disability as defined in rule 1.02:* By leaving a copy with the person. | | | | | | | | | | | | | | | | | | | | |
|  | *On a corporation, municipality, board, commission, partnership, or sole proprietorship:* | | | | | | | | | | | | | | | | | | | | |
|  | By leaving a copy with | | | | | | | |  | | | | | | | | | | | , | |
|  |  | | | | | | | | (Name) | | | | | | | | | | | | |
|  | the | | | |  | | | | | | | of the |  | | | | | | | | . |
|  |  | | | | (Office or position) | | | | | | |  | (Specify corporation, board, etc.) | | | | | | | |  |
|  | *On a person outside Ontario carrying on business in Ontario:* By leaving a copy with | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | who carries on business in Ontario for the person named in Section 2. | | | | | | | | | | | |
|  | (Name) | | | | | | | | |  | | | | | | | | | | | |
| *On a minor:* | | | | | | | | | | | | | | | | | | | | | |
|  | By leaving a copy with the minor | | | | | | | | | | | | | | | | | | | | |
|  | and *(select and complete if applicable)* another copy with | | | | | | | | | | | | |  | | | | | , who is | | |
|  |  | | | | | | | | | | | | | (Name) | | | | |  | | |
|  | the minor’s | | | | |  | | | | | | | | | and resides at the same address. | | | | | | |
|  |  | | | | | (Specify: parent, *or* person with care, *or* person with lawful custody) | | | | | | | | |  | | | | | | |
|  | *On a mentally incapable person:* By leaving a copy with | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | (Provide details of who was given a copy and their relationship to the person, e.g. attorney for personal care, guardian, etc.) | | | | | | | | | | | | | | | | | | | | |
|  | *On an absentee:* By leaving a copy with | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | (Specify the absentee’s committee or Public Guardian and Trustee) | | | | | | | | | | |
|  | *On the Crown in Right of Canada, the Crown in Right of Ontario, or the Attorney General of Ontario:* | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | (Provide details of service) | | | | | | | | | | | | | | | | | | | | |
| **Service on adult at place of residence as alternative to personal service** | |  | By leaving a copy in a sealed envelope addressed to the person at the person’s place of residence with a person who appeared to be an adult member of the same household, and sending another copy of the same document(s) to the person’s place of residence on the same day or the following day by: | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | regular lettermail, | | | | | | | | | | | | | | | | | | |
|  | |  | | registered mail, | | | | | | | | | | | | | | | | | | |
|  | |  | | courier, | | | | | | | | | | | | | | | | | | |
|  | | after having attempted and failed to serve the person by personal service at their place of residence. | | | | | | | | | | | | | | | | | | | | |
| **Service by registered mail** | |  | | | By registered mail. | | | | | | | | | | | | | | | | | | | |
|  | | | (If a copy of a plaintiff’s claim or defendant’s claim was served by registered mail, attach a copy of the Canada Post delivery confirmation, showing the signature verifying delivery, to this affidavit.) | | | | | | | | | | | | | | | | | | | |
| **Service by courier** | |  | | | By courier. | | | | | | | | | | | | | | | | | | | |
|  | | | (If a copy of a plaintiff’s claim or defendant’s claim was served by courier, attach a copy of the courier’s delivery confirmation, showing the signature verifying delivery, to this affidavit.) | | | | | | | | | | | | | | | | | | | |
| **Service on person’s lawyer or paralegal** | |  | | | By leaving a copy with a lawyer or paralegal or an employee in the lawyer’s or paralegal’s office, and obtaining the lawyer’s, paralegal’s or employee’s endorsement showing acceptance of service on the person’s behalf and the date of acceptance. | | | | | | | | | | | | | | | | | | | |
|  | | | (Attach a copy of the document endorsed with an acceptance of service.) | | | | | | | | | | | | | | | | | | | |
| **Service by email, where permitted** | |  | | | By email sent to: | | | | |  | | | | | | | | | at: |  | | | | |
|  | | |  | | | | | (Email address) | | | | | | | | |  | (Time) | | | | |
|  | | | (This option is not available for service of a plaintiff’s claim or a defendant’s claim, except where authorized by the rules.) | | | | | | | | | | | | | | | | | | | |
| **Service by regular lettermail** | |  | | | By regular lettermail. | | | | | | | | | | | | | | | | | | | |
|  | | | (This option is not available for service of a plaintiff’s claim or a defendant’s claim.) | | | | | | | | | | | | | | | | | | | |

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| **FORM 8B** | | | | | | **PAGE 3** | | | | | | | | | **SC-00-56789-00** | | | | |
|  | | | | | |  | | | | | | | | | Claim No. | | | | |
| **Service to last known address of corporation or attorney for service, and to the directors** | |  | | By mail/courier to corporation or attorney for service at last known address recorded with the Ministry of Public and Business Service Delivery, and mail/courier to each director, as recorded with the Ministry of Public and Business Service Delivery, as set out below: | | | | | | | | | | | | | | | |
|  | | Name of director | | | |  | Director’s address as recorded with the Ministry of Public and Business Service Delivery (street & number, unit, municipality, province) | | | | | | | | | | |
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| (Attach separate sheet for additional names if necessary.) | | | | | | | | | | | | | | | |
| **Substituted service** | |  | | By substituted service as ordered by the court on | | | | | | | | | |  | | , 20 |  | , as follows: | |
|  | |  | | | | | | | | | | (Date) | |  | | | |
|  | | (Give details.) | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| **4.** | **Other details (if necessary):** | | | | | | | | | | | | | | | | | |
| **Attendance money (for summons to witness)** | |  | Attendance money of $ | | | |  | | | was paid or tendered to the witness when the summons was | | | | | | | | | |
|  | served on them. | | | | | | | | | | | | | | | | |
|  | (To calculate the attendance money, see the regulations under the *Administration of Justice Act*, R.S.O 1990, c. A.6.) | | | | | | | | | | | | | | | | |
| **Other** | |  | I have provided other details related to service of the document(s) referred to in Section 2 on a separate sheet, attached to this certificate of service. | | | | | | | | | | | | | | | | |
|  | (If you check this box, attach separate sheet with additional details.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  |  | **June 29, 20–** | | | | | | |
| Signature of Lawyer/Paralegal | | | | | | | | | | |  |  | Date | | | | | | |
| Lawyer/paralegal’s name: | | | | | **Elizabeth Chunhua Lee** | | | | | | | | | | | | | | |
| Lawyer/paralegal’s firm: | | | | | **Lee Blackwell PC** | | | | | | | | | | | | | | |
| Lawyer/paralegal for: | | | | | **Plaintiff** | | | | | | | | | | | | | | |
| Law Society of Ontario #: | | | | | **P#####** | | | | | | | | | | | | | | |
| **Contact information** | | | | | | | | | | | | | | | | | | | |
| Street address: | | | | | 425 Adelaide St., Suite 500 | | | | | | | | | | | | | | |
| City or town: | | | | | Toronto | | | | | | | | | | | | | | |
| Province: | | | | | Ontario | | | | | | | | | | | | | | |
| Postal code: | | | | | M2X 5A4 | | | | | | | | | | | | | | |
| Country: | | | | | Canada | | | | | | | | | | | | | | |
| Email address: | | | | | ec.lee@leeblackwell.com | | | | | | | | | | | | | | |
| Telephone number: | | | | | 416-223-8748 | | | | | | | | | | | | | | |