

# How to Respond to a Demand for Answers

# Instructions

A **Response to Demand for Answers (Form F11.03B)** is a form that you can use to respond to the other person's Demand for Answers.

You have only **30 days** from the date that you received the Demand for Answers to provide the other person and the Court with a Response to a Demand for Answers form.

**If you do not respond, the Court may proceed and make an order without hearing from you.**

## Completing Your Response to Demand for Answers

You can fill out this form by hand or you can download and fill out this form electronically at [www.court.nl.ca/supreme/family/forms.html](http://www.court.nl.ca/supreme/family/forms.html) (If you fill out the form electronically, you must still print the form, file it with the Court, and serve a copy on the other person). If you require more space to fill out the form, attach an extra page and indicate that you have attached an extra page.

If you cannot provide the requested answers for any reason, you may be able to give authorization to a person or institution (eg. your employer) to provide the information. Otherwise, you will have to explain why you cannot provide the answers.

If you want to object to any or all of the answers requested, you must write this in your Response to Demand for Answers and provide reasons.

## Filing Your Response to Demand for Answers

You must make **3 extra copies** of your completed and signed Response to Demand for Answers.

To file the Response to Demand for Answers, you must bring the original Response to Demand for Answers to the Supreme Court location where your file is or you can mail it to that location. You must file your Response to Demand for Answers with the Court **within 30 days** from the date you were served.

## Serving Your Response to Demand for Answers

You can serve the other person by: personal service (an adult, who is not you, can hand-deliver the document), leaving a copy with the other person's lawyer, leaving a copy at the other person's address, registered mail/courier, or regular mail. You may also serve the other person using fax, email, or electronic document exchange, if the other person has provided that information.

## More Information

Questions? Go to [www.court.nl.ca/supreme/family](http://www.court.nl.ca/supreme/family) or contact a Court near you:

Corner Brook: (709) 637-2227

Grand Falls-Windsor: (709) 292-4260

Gander: (709) 256-1115

Happy Valley-Goose Bay: (709) 896-7892

Grand Bank: (709) 832-1720

St. John's: (709) 729-2258

**--- It is highly recommended that you get advice from a lawyer ---**

If you need help finding or getting a lawyer, you can contact:

Public Legal Information Association of NL (PLIAN): [www.publiclegalinfo.com](http://www.publiclegalinfo.com) or 1 (888) 660-7788

Legal Aid: [www.legalaid.nl.ca](http://www.legalaid.nl.ca) or 1(800) 563-9911

**--- REMOVE THIS PAGE BEFORE SERVING THE RESPONSE ---**

# Form F11.03B: Response to Demand for Answers (Family Law)



**In the Supreme Court of  
Newfoundland and Labrador  
(General/Family)**

<b>FOR COURT USE ONLY</b>
COURT FILE NO: _____
CENTRAL DIVORCE REGISTRY NO: _____
Filed at _____, Newfoundland and Labrador, this _____ day of _____, 20____.
_____ Registry Clerk of the Supreme Court of Newfoundland and Labrador

BETWEEN: \_\_\_\_\_ APPLICANT  
(Print full name)

AND: \_\_\_\_\_ RESPONDENT  
(Print full name)

AND: \_\_\_\_\_  NOT APPLICABLE  
(Print full name)  SECOND APPLICANT  
 SECOND RESPONDENT

In response to the Demand for Answers served by, \_\_\_\_\_,  
(Print the other party's name)

the  Applicant  Respondent  Other: \_\_\_\_\_, dated \_\_\_\_\_,  
(Date: month/day/year)

I am the  Applicant  Respondent  Other: \_\_\_\_\_ in the within matter .

*Check the appropriate box for each question that corresponds with the Demand for Answers:*

1	<p><input type="checkbox"/> The answer to this question is <i>(Fill in the answer based on your knowledge)</i>:</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p><input type="checkbox"/> I have no personal knowledge of any of the matters referred to, but after making proper inquiries I believe the answer is <i>(Fill in what information you received and who you got the information from)</i>:</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p><input type="checkbox"/> I am unable to answer the question because I do not know the answer and cannot ascertain the answer.</p> <p><input type="checkbox"/> I object to answering this written question because <i>(Fill in the reasons for your objection)</i>:</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div>
2	<p><input type="checkbox"/> The answer to this question is <i>(Fill in the answer based on your knowledge)</i>:</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p><input type="checkbox"/> I have no personal knowledge of any of the matters referred to, but after making proper inquiries I believe the answer is <i>(Fill in what information you received and who you got the information from)</i>:</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p><input type="checkbox"/> I am unable to answer the question because I do not know the answer and cannot ascertain the answer.</p> <p><input type="checkbox"/> I object to answering this written question because <i>(Fill in the reasons for your objection)</i>:</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div>

3	<p><input type="checkbox"/> The answer to this question is (<i>Fill in the answer based on your knowledge</i>):</p> <div data-bbox="349 258 1455 432" style="border: 1px solid black; height: 83px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> I have no personal knowledge of any of the matters referred to, but after making proper inquiries I believe the answer is (<i>Fill in what information you received and who you got the information from</i>):</p> <div data-bbox="349 558 1455 732" style="border: 1px solid black; height: 83px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> I am unable to answer the question because I do not know the answer and cannot ascertain the answer.</p> <p><input type="checkbox"/> I object to answering this written question because (<i>Fill in the reasons for your objection</i>):</p> <div data-bbox="349 884 1455 1016" style="border: 1px solid black; height: 63px;"></div>
4	<p><input type="checkbox"/> The answer to this question is (<i>Fill in the answer based on your knowledge</i>):</p> <div data-bbox="349 1119 1455 1293" style="border: 1px solid black; height: 83px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> I have no personal knowledge of any of the matters referred to, but after making proper inquiries I believe the answer is (<i>Fill in what information you received and who you got the information from</i>):</p> <div data-bbox="349 1419 1455 1593" style="border: 1px solid black; height: 83px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> I am unable to answer the question because I do not know the answer and cannot ascertain the answer.</p> <p><input type="checkbox"/> I object to answering this written question because (<i>Fill in the reasons for your objection</i>):</p> <div data-bbox="349 1745 1455 1877" style="border: 1px solid black; height: 63px;"></div>

5	<input type="checkbox"/> The answer to this question is <i>(Fill in the answer based on your knowledge)</i> : <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<input type="checkbox"/> I have no personal knowledge of any of the matters referred to, but after making proper inquiries I believe the answer is <i>(Fill in what information you received and who you got the information from)</i> : <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<input type="checkbox"/> I am unable to answer the question because I do not know the answer and cannot ascertain the answer. <input type="checkbox"/> I object to answering this written question because <i>(Fill in the reasons for your objection)</i> : <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>

## Statement of Truth

*You must swear or affirm that the facts and information that you have written in this Response to Demand for Answers and the attached Schedule(s) is the truth. You must swear or affirm and sign this Statement of Truth in front of a commissioner of oaths, notary public, justice of the peace, or lawyer. Court Registry staff are commissioners of oaths and you may sign this Response at the Court when you file it.*

I declare the facts and information of this Response to Demand for Answers are true to the best of my knowledge and belief.

SWORN TO or AFFIRMED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____ <i>Signature</i>	_____ <i>Signature of Person Authorized to Administer Oaths</i>
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