



If you want to respond to a request for dismissal without a full response (Form 2); Request to Intervene (Form 5); Request to Withdraw (Form 9); Request for an Order During Proceedings (Form 10); or Request for Summary Hearing (Form 26) please complete this Response to a Request for an Order (Form 11).

**Follow these steps to respond to the request:**

1. Fill out this Form 11.
2. All documents you are relying on must be included with the Form 11.
3. Deliver a copy of the Form 11 to any party, person, or organization named in the Request and, if required, to any named trade union or occupational or professional organization identified in the Application or any other person or organization identified as an affected person in the Response.
4. Complete a Statement of Delivery (Form 23).
5. File the Form 11 and Form 23 with the Tribunal.

You must file a completed Form 11 no later than **twenty-one (21) days** after the Request to Intervene (Form 5) was delivered to you.

You must file a completed Form 11 no later than **fourteen (14) days** after the Request for an Order During Proceedings (Form 10) was delivered to you.

You may respond to the Request for Summary Hearing (Form 26) by filing Form 11 no later than 14 days after the Request for Summary Hearing was delivered to you. The HRTTO may direct that a Response to the Request for Summary Hearing is required.

You must file a completed Form 11 no later than **two (2) days** after the Request to Withdraw (Form 9) was delivered to you.

Download forms from the Tribunal's web site  
accessible format, contact us:

If you need a paper copy or

Human Rights Tribunal of Ontario  
15 Grosvenor Street, Ground Floor  
Toronto, ON M7A 2G6

Phone: 416-326-1312 Toll-free: 1-866-598-0322

Fax: 416-326-2199 Toll-free: 1-866-355-6099

TTY: 416-326-2027 Toll-free: 1-866-607-1240

Email:



Application Information	
Tribunal File Number:	
Name of Applicant:	
Name of Each Respondent:	

**1. Your contact information (person or organization responding to the Request)**

First (or Given) Name		Last (or Family) Name		Organization (if applicable)	
Street Number	Street Name			Apt/Suite	
City/Town		Province	Postal Code	Email	
Daytime Phone	Cell Phone		Fax	TTY	

If you are filing this as the Representative (e.g. lawyer) of one of the parties please indicate:

Name of party you act for and are filing this on behalf of:	LSUC No. (if applicable)
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What is the best way to send information to you?  Mail  Email  Fax  
(If you check email, you are consenting to the delivery of documents by email.)

Check off whether you are (or are filing on behalf of) the:

- Applicant       Respondent       Ontario Human Rights Commission  
 Other - describe: \_\_\_\_\_

**2. What are you responding to?**

- Request for dismissal without full response, Form 2 (go to Question 3)
- Request to Intervene, Form 5 (go to Question 3)
- Request to Withdraw, Form 9 (go to Question 3)
- Request for Summary Hearing, Form 26 (go to Question 3)
- Request for an Order During a Proceeding, Form 10 (skip Question 3 and go to Question 4)

**3. What is your position on the Order requested? (then go to Question 10)**



**4. What are you Responding to? Please check the box that corresponds to what was requested.**

- |                                                                                      |                                                                      |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Request that applications be consolidated or heard together | <input type="checkbox"/> Request to re-activate deferred Application |
| <input type="checkbox"/> Request to add a party                                      | <input type="checkbox"/> Request for particulars                     |
| <input type="checkbox"/> Request to adjourn                                          | <input type="checkbox"/> Request for production of documents         |
| <input type="checkbox"/> Request to amend Application or Response                    | <input type="checkbox"/> Other, please explain: _____                |
| <input type="checkbox"/> Request to defer                                            |                                                                      |
| <input type="checkbox"/> Request extension of time                                   |                                                                      |

**5. What is your position on the Order requested?**

**6. What is your position on the manner in which the Request for Order should be dealt with?**

**7. What are the reasons for your Response, including any facts relied on and representations in support of your Response?**

**8. Indicate here whether you rely on any additional facts in your Response.**

**9. If you are relying on any documentary evidence in this Response please list below and attach. You must include with this Response all the documents you are relying on.**



**10. Signature**

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Name:

Signature:

Date: (dd/mm/yyyy)

Please check this box if you are filing your response electronically. This represents your signature. You must fill in the date, above.

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)