

**Supreme Court of Prince Edward Island
Small Claims Section**

**Notice of Trial
Form 16A**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

Note: For additional defendants, please list on attached sheet with all the necessary information as requested above.

TAKE NOTICE:

The trial of this action will be held at (*Location of court*) _____
on (*Date*) _____ at (*Time*) _____ or soon thereafter as the trial may be
held.

**TAKE NOTICE: IF YOU FAIL TO APPEAR, THIS ACTION MAY BE DISPOSED OF WITHOUT
FURTHER NOTICE TO YOU.**

Dated at (*place*) _____ this

(*date*) _____ day

of (*month*) _____,

(*year*) _____ .

(*Signature of Clerk*)