

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

Form 1A

Claim No.

<i>Plaintiff #1</i>	<i>Plaintiff #2 (if applicable)</i>
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)

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

Claim No.

<i>Defendant #1</i>	<i>Defendant #2 (if applicable)</i>
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)

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

Claim No.

Defendant #3 (if applicable)

Defendant #4 (if applicable)

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

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

**Consent to Act as Plaintiff's Litigation Guardian
Form 4A**

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.

I, (*Name of litigation guardian*) _____

living at *Street and number* _____

city, province, postal code _____

telephone no. _____

consent to act as litigation guardian for the plaintiff in this action.

I have given written authority

to (*Name of lawyer/agent with authority to act in this proceeding*) _____

of *Street and number* _____

city, province, postal code _____

telephone no. _____

to act in this proceeding.

The plaintiff is under the following disability

a minor whose birth date is (*State date of birth of minor*) _____

meets the criteria for the appointment of a guardian under s. 40(4) of the *Mental Health Act* R.S.P.E.I. 1988 Cap. —6-1.

My relationship to the plaintiff is:

(*State relationship, if any*)

I have no interest in this action adverse to that of the plaintiff and I acknowledge that I know that I may be personally liable for any costs awarded me or against the plaintiff.

(*Date*)

(*Signature of Litigation Guardian*)

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

**Consent to Act as Defendant's Litigation Guardian
Form 4B**

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	Plaintiff's Lawyer/Agent
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) fax no.
Defendant's Lawyer/Agent	Defendant's Lawyer/Agent
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.

I, *(Name of litigation guardian)*

living at *(Street and number)*

City, province, postal code

Telephone number and fax number, if any

consent to act as litigation guardian for the defendant in this action.

I have given written authority

to *(Name of lawyer/agent with authority to act in this proceeding)*

of *Street and number*

City, province, postal code

Telephone number and fax number, if any

to act in this proceeding.

The defendant is under the following disability

a minor whose birth date is *(State date of birth of minor)*

meets the criteria for appointment of a guardian under s. 40(4) of the *Mental Health Act R.S.P.E.I. 1988, Cap. —6-1.*

My relationship to the defendant is:

State relationship, if any

I have no interest in this action adverse to that of the defendant and I acknowledge that I know that I may be personally liable for any costs awarded me or against the defendant.

(Date)

(Signature of Litigation Guardian)

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

**Notice to Alleged Partner
Form 5A**

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.

TO: *name and address*

—

YOU ARE ALLEGED TO HAVE BEEN A PARTNER on *date*

(or during the period) *date* _____ in the partnership of (*name of partnership*)

_____ a party named in this proceeding.

IF YOU WISH TO DENY THAT YOU WERE A PARTNER at any material time, you must defend this proceeding separately from the partnership, denying that you were a partner at the material time. If you fail to do so you will be deemed to have been a partner on the date (or during the period) set out above.

AN ORDER AGAINST THE PARTNERSHIP MAY BE ENFORCED AGAINST YOU PERSONALLY if you are deemed to have been a partner. If you admit that you were a partner, or if the court finds that you were a partner at the material time.

(Date)

(Signature of Plaintiff or
Plaintiff's Lawyer/Agent)

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

**Plaintiff's Claim
Form 7A**

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.

TO THE DEFENDANT(S):

The plaintiff claims from you \$ *amount of claim* _____ plus \$ *interest claimed to date (if any)* _____ and costs for the reason(s) set out below.

The plaintiff further claims from you pre-judgment interest and post-judgment interest in accordance with the *Supreme Court Act*.

IF YOU DO NOT FILE A DEFENCE WITH THE COURT WITHIN TWENTY (20) CALENDAR DAYS AFTER YOU RECEIVED THIS CLAIM, JUDGMENT MAY BE ENTERED AGAINST YOU.

JUDGMENT MAY BE ENTERED WITHOUT FURTHER NOTICE TO YOU.

TYPE OF CLAIM

- | | | |
|---|--|--|
| <input type="checkbox"/> Unpaid Account | <input type="checkbox"/> Promissory Note | <input type="checkbox"/> Damage to Property |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Services Rendered | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> N.S.F. Cheque | <input type="checkbox"/> Other: <i>other</i> |

REASONS FOR CLAIM AND DETAILS

Explain what happened, where and when and the amounts of money involved.
reasons for claim and details If more space is required, attach separate sheet(s).

If the claim is based in whole or in part on a document(s), **you must attach** a copy of the document(s) to the claim, or if the document(s) is lost or unavailable, **you must explain** why it is not attached in the space provided below.
(explain why copy of the document is not attached)

(Date)

(Signature of Plaintiff)

(Date)

(Signature of Clerk)

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

**Certificate of Service - Sheriff or Sheriff's Officer
Form 8A**

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.

I, Sheriff or Sheriff's s officer _____ of _____

_____ certify that I have served the

(Name of document) _____

personally on (Name of person served) _____

on (Date) _____

OR

by leaving a copy of the document in a sealed envelope addressed to the defendant with: (Name of person document was left with) _____

at (Address):

_____ and by mailing another copy of the document addressed to the defendant at: (Address where mailed to)

_____ on (Date) _____.

(Date)

(Signature of Sheriff or sheriff's officer)

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

**Affidavit of Service
Form 8B**

Claim no.

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.

I, *(Full name)* _____ of

(City, Town, etc.) _____

in the County of *(Name of County)* _____, in the Province of

(Name of Province) _____

_____, **MAKE OATH AND SAY (or AFFIRM) as follows:**

I have served the *(Name of document)* _____ on

(Name of person or company) _____

CHECK ONE OF THE FOLLOWING

PERSONAL SERVICE

personally on *(If service is on behalf of a company, identify the person and position held)*

by leaving a copy with him/her on *(Date)* _____ at

(Address where document was served) _____

I was able to identify the person by means of state the means by which the person's identity was ascertained:

OR

SERVICE RESIDENCE

by leaving a copy of the *(Name of document)* _____ on

(Date) _____ in a sealed envelope addressed to

(Name of party to be served) _____

with *(Identify person served, if known)* _____

who appeared to be an adult member of the same household in which

(Name of party to be served) _____

resides at

(Address where service was made) _____

and by sending another copy of the

(Name of document) _____

by regular lettermail addressed to

(Name of party to be served) _____

at the same address on *(Date)* _____.

OR

SERVICE REGISTERED/REGULAR MAIL

by sending a copy of the *(Name of document)* _____ in an envelope showing my return address to

(Name of party to be served) _____

by regular lettermail/registered mail at

(Address to which the document was mailed) _____

on *(Date)* _____.

I believe that this is the address of

(Name of party to be served) _____

because *(State reason for belief here)*

The document has not been returned to me and I have no reason to believe that it was not received by

(Name of party to be served) _____

<p>Note: A Claim served by mail is not considered to have been served until 20 calendar days have elapsed from the date of mailing. Accordingly, the Affidavit of Service cannot be completed until 20 calendar days from mailing have elapsed.</p>
--

OR

Specify other method of service, e.g. service on a party's solicitor, or by fax, etc. *(specify other method of service)*

SWORN (or AFFIRMED) BEFORE ME AT

this (*date*) _____ day of

(*month*) _____ ,

(*year*) _____ .

*A Commissioner for taking
affidavits (or as the case may be)*

Signature

WARNING: IT IS A CRIMINAL OFFENCE TO KNOWINGLY SWEAR A FALSE AFFIDAVIT.

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

**Defence
Form 9A**

Claim no.

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.

1. IF THE DEFENDANT FAILS TO ATTEND AT THE HEARING, THE CLERK MAY SIGN JUDGMENT FOR THE UNPAID BALANCE ADMITTED; **OR**
2. IF THE DEFENDANT FAILS TO MAKE PAYMENT IN ACCORDANCE WITH THE TERMS OF PAYMENT PROPOSED, THE CLERK UPON RECEIPT OF THE PLAINTIFF'S AFFIDAVIT MAY SIGN JUDGMENT FOR THE UNPAID BALANCE.

NOTE: If the address set out in the claim is incorrect, you must notify both the plaintiff(s) and the court (in writing) of your correct address.

(Date)

*(Defendant's signature **OR**
Solicitor/Agent's name)*

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

**Request for a Hearing
(Dispute of Proposal of Terms of Payment)
Form 9B**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

TO THE COURT:

I, (*Name*) _____ dispute the defendant's proposal to terms of payments to the claim filed, and request that a hearing be held in this proceeding for the following reasons:

Give reasons for request

(Signature of party, solicitor or agent)

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

**Order as to Terms of Payment
Form 9C**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

At a hearing held on *(Date)* _____, *(Year)* _____,
the following terms of payment for a total of \$ *(Claim)* _____ and \$ *(Costs)* _____,
were ordered.

(Date order made)

*(Signature of prothonotary or other
person appointed by the court)*

NOTE: If the defendant fails to make payment in accordance with this order, the clerk shall sign judgment for the balance without a hearing.

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

**Defendant's Claim
Form 10A**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

TO THE DEFENDANT(S) IN THE DEFENDANT'S CLAIM:

The plaintiff in the Defendant's Claim in this action claims from you

\$ (amount of claim) _____ plus \$ (interest claimed to date (if any)) _____
_____, and costs for the reason(s) set out below.

The plaintiff further claims from you pre-judgment interest and post-judgment interest in accordance to the *Supreme Court Act*.

IF YOU DO NOT FILE A DEFENCE WITH THE COURT WITHIN TWENTY (20) CALENDAR DAYS AFTER YOU HAVE RECEIVED THIS DEFENDANT'S CLAIM, JUDGMENT MAY BE ENTERED AGAINST YOU.

TYPE OF CLAIM

- | | | |
|---|--|---|
| <input type="checkbox"/> Unpaid Account | <input type="checkbox"/> Promissory Note | <input type="checkbox"/> Damage to Property |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Services Rendered | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> N.S.F. Cheque | <input type="checkbox"/> Other |

REASONS FOR CLAIM AND DETAILS

Explain what happened, where and when and the amounts of money involved.

If more space is required, attach separate sheet(s).

If the claim is based in whole or in part on a document(s), **you must attach** a copy of the document(s) to the defendant's claim, or if the document(s) is lost or unavailable, **you must explain** why it is not attached in the space provided below.

(Date)

(Date)

(Signature of Defendant)

(Signature of Clerk)

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

**Notice of Default Judgment
Form 11A**

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.

NOTE: Take notice that default judgment has been entered in this action as against for the following sums:

Debt (claimed amount) \$ *amount*

Pre-judgment interest is calculated -

on the sum of \$ _____ at the rate of _____ %

per annum from *date* _____ to *date* _____ .

being *number of days* _____ days. \$ *amount*

Costs \$ *amount*

Total \$ *amount*

This judgment bears post-judgment interest at _____ % per annum commencing this date.

(Date)

(Signature of clerk)

NOTE: If you are asking for judgment against different defendants for different amounts, separate Notices of Default Judgment for each defendant will confirm accuracy.

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

**Request for Pre-Trial Conference
Form 13A**

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.

TO THE COURT:

I, _____, request that a pre-trial conference be held in this proceeding.

(Signature of party, solicitor or agent)

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

**Notice of Motion
Form 15A**

Claim no.

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

TAKE NOTICE:

A motion will be made to the court by *(Name of party)* _____ at *(Name and location of court)* _____
on *(Date)* _____ at *(Time)* _____ (or soon thereafter as the
motion can be heard) for the following order: *(order sought)*
set out the order you are seeking

Attach an additional page if necessary and date and sign it.

The following material will be relied on at the hearing of the motion:
(Set out what documents will be used to support your request for the order, and where an affidavit is to be relied on,
attach a sworn copy.) Attach an additional page if necessary and date and sign it.

TAKE NOTICE: If you fail to appear at the hearing of this motion, an order may be made in your absence.

(Date)

(Signature of party or party's lawyer/agent)

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

**Affidavit
Form 15B**

Claim no.

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

**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. Fax No. (If any)	Phone No. 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. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

**Summons to Witness
Form 18A**

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.

TO: *(Name of witness)* _____

YOU ARE REQUIRED TO ATTEND TO GIVE EVIDENCE IN COURT at the trial of this action on *(Date)*
_____, at *(Time)* _____ at *(Address of court)*

_____ and to remain until your
attendance is no longer required.

**YOU ARE REQUIRED TO BRING WITH YOU AND PRODUCE AT THE TRIAL
THE FOLLOWING DOCUMENTS AND THINGS:**

State particular documents and things required

and all other documents relating to the action in your custody, possession or control.

Witness attendance money is payable with this summons.

**IF YOU FAIL TO ATTEND OR TO REMAIN IN ATTENDANCE AS REQUIRED BY THIS SUMMONS, A
WARRANT MAY BE ISSUED FOR YOUR ARREST.**

(Name) _____ has requested the clerk to issue this Summons to Witness.

(Date)

(Signature of clerk)

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

**Warrant for Arrest of Defaulting Witness
Form 18B**

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.

TO ALL police officers in Prince Edward Island AND TO the officers of all correctional institutions in Prince Edward Island:

1. The witness (*Name*) _____ of

(*Address*) _____

was served with a Summons to Witness to give evidence at the trial of this action, and the prescribed attendance money was paid or tendered.

2. The witness failed to (*attend/remain in attendance*) _____ at the trial, and I am satisfied that the evidence of the witness is material to this proceeding.

YOU ARE ORDERED to arrest and bring the witness

(*Name of witness*) _____

before the court to give evidence in this action, and if the court is not then sitting or if the witness cannot be brought before the court immediately, to deliver the witness to a provincial correctional institution or other secure facility, to be admitted and detained there until the witness can be brought before the court.

(*Date*)

(*Signature of judge*)

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

**Certificate of Judgment
Form 20A**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

TO THE CLERK OF THE SMALL CLAIMS COURT

Person requesting Certificate is

(Name of person requesting Certificate) _____

of *(Address of person requesting Certificate)* _____

A Judgment was recovered in this action against *(Name of person(s) against whom judgment was recovered)* _____

on *(Date)* _____ in the *Small Claims Section of the Supreme Court of Prince Edward Island* for the following:

(A) Debt (Claimed Amount) \$

(B) Pre-judgment interest @ _____% per annum from _____ to _____,
being _____ days \$

(C) Costs \$

Subtotal \$

(D) Less Amount(s) Paid (minus) \$

(E) Post-judgment interest:
calculated at the rate of _____% per annum
from _____ to _____,
being \$_____ per day \$

Balance Due \$

(F) Additional Cost(s)
\$ _____ for _____
\$ _____ for _____
\$ _____ for _____ \$

Total \$

The amount unpaid on the judgment is \$ *(Total)* _____, as stated in this Certificate.

The rate of post-judgment interest is _____ **% per annum.**

(Date)

(Signature of Clerk)

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

**Writ of Delivery
Form 20B**

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.

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

**Writ of Seizure and Sale of Personal Property
Form 20C**

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.

TO: THE SHERIFF OF _____

Under an order of this court made on *(Date)* _____ in favour of

(Name of creditor) _____

YOU ARE DIRECTED to seize and sell the personal property of

Surname of individual or name of corporation/firm etc.	
Second given name (individual only)	Third given name (individual only)
Gender (individual only)	Date of birth (individual only)

Attach schedule for additional names.

situated within your jurisdiction and to realize from the seizure and sale the following sums:

(A) Debt (claimed amount) \$

(B) Pre-judgment interest

at _____% per annum

from _____ to _____ for _____
number of days. \$

(C) Costs \$

(D) Post-judgment interest at _____ % per annum

from date of judgment _____ to this date

for _____ days \$

Note: Calculation of interest is always on the amount owing from time to time as payments are received. This is true for both pre-judgment and post-judgment interest.

(E) Subsequent costs incurred after judgment \$

Costs of this Execution \$

(F) After the judgment the Debtor paid the sum of: (minus)\$

Total \$

(G) Your fees and expenses in enforcing this writ	\$	(Filled in by Sheriff)
---	----	------------------------

Subsequent post-judgment interest is claimed at _____% per year or \$_____ per day.

YOU ARE DIRECTED to pay the proceeds over to the clerk of this court for the creditor.

(Date)

(Signature of Clerk)

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

**Writ of Seizure and Sale of Lands
Form 20D**

Claim no.

[SEALED]

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.

TO THE SHERIFF OF (*Name of county*) _____

Under an order of this court made on (*Date*) _____ in favour of (*Name of creditor*) _____

YOU ARE DIRECTED to seize and sell the real property of

First given name (individual only)	Second given name (individual only)	Third given name (individual only)
Gender (individual only)		Date of birth (individual only)

Attach schedule for additional names.

situated within your jurisdiction and to realize from the seizure and sale the following sums:

- (A) Debt (claimed amount) \$
- (B) Pre-judgment interest
at _____ % per annum
from _____ to _____
for _____ number of days. \$
- Sub-total \$
- (C) Costs \$
- (D) Post-judgment interest at _____ % per annum
from date of judgment

Note: Calculation of interest is always on the amount owing from time to time as payments are received. This is true for both pre-judgment and post-judgment interest.

- (E) Subsequent costs incurred after judgment \$
- Costs of this Execution \$
- (F) After the judgment the debtor paid the sum of: (minus) \$
- Total** \$

(G) Your fees and expenses in enforcing this writ \$	(Filled in by the sheriff)
--	----------------------------

YOU ARE DIRECTED to pay the proceeds according to law and to report on the execution of this writ if required by the party

or solicitor who filed it.

(Date)

(Signature of Clerk)

(Small Claims Court)

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

**Notice of Garnishment
Form 20E**

Claim no.
Amount unsatisfied \$

[SEALED]

Creditor

Full name		
Address for service		
Phone no.	Fax no. (if any)	Email (optional)
Creditor's Lawyer/Agent		
Lawyer/Agent's address for service		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Debtor

Full name		
Address for service		
Phone no.	Fax no. (if any)	Email (optional)
Debtor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Garnishee

Full name		
Address for service		
Phone no.	Fax no. (if any)	Email (optional)

TO: Garnishee

A LEGAL PROCEEDING in this court between the creditor and the debtor has resulted in an order that the debtor pay a sum of money to the creditor. The creditor claims that you owe a debt to the debtor. A debt to the debtor includes both a debt payable to the debtor and a debt payable to the debtor and one or more co-owners. The creditor has had this notice of garnishment directed to you as garnishee in order to seize any debt that you owe or will owe to the debtor. Where the debt is payable to the debtor and to one or more co-owners, you must pay one-half of the indebtedness or a greater or lesser amount specified in an

order made under subrule 20.08(15).

Subject to the exemptions provided by section 17 of the Garnishee Act

YOU ARE REQUIRED TO PAY to Sheriff Services. Cheques are payable to Minister of Finance

- a) within ten days after this notice is served on you, all debts now payable by you to the debtor; and
- b) within ten days after they become payable, all debts that become payable by you to the debtor within twenty-four (24) months after this notice is served on you.

The total amount of all your payments to the Sheriff is not to exceed \$_____

IF YOU DO NOT PAY THE TOTAL AMOUNT OR SUCH LESSER AMOUNT AS YOU ARE LIABLE TO PAY UNDER THIS NOTICE WITHIN TEN DAYS after this notice is served on you, you must file with the clerk the garnishee's statement (Form 20F) signed by you setting out the particulars of why you have not done so. **A copy of the garnishee statement is also to be mailed to the creditor.**

EACH PAYMENT MUST BE SENT to the Sheriff at the address shown below.

Note: Any garnished funds received by the court will be made payable to the judgment creditor in all instances, unless an irrevocable letter of direction is received from the judgment creditor directing otherwise.

IF YOU FAIL TO OBEY THIS NOTICE, AN ORDER MAY BE OBTAINED AGAINST YOU BY THE CREDITOR FOR PAYMENT OF THE AMOUNT SET OUT ABOVE ON THE COSTS OF THE CREDITOR AS MAY BE ORDERED BY THE COURT.

IF YOU MAKE PAYMENT TO ANYONE OTHER THAN THE SHERIFF, YOU MAY BE LIABLE TO PAY AGAIN.

TO THE CREDITOR, THE DEBTOR AND THE GARNISHEE:

Any party may make a garnishment hearing to determine any matter in relation to this Notice of Garnishment.

(Date)

(Signature of Clerk)

THIS NOTICE SHALL BE SERVED TOGETHER WITH THE GARNISHEE'S STATEMENT (FORM 20F) ON THE GARNISHEE.

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

**Garnishee's Statement
Form 20F**

Claim no.

Creditor

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)
Creditor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service (street & number, city, postal code)		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Debtor

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)
Debtor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service (street & number, city, postal code)		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Garnishee

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)

1. I/We acknowledge that I/we owe or will owe the debtor or the debtor and one or more co-owners the sum of
\$ _____, payable on _____, because:

(Give reasons why you owe the debtor or the debtor and one or more co-owners money. If you are making payment of less than the amount stated in line 2 of this paragraph because the debt is owed to the debtor and to one or more co-owners or for any other reason, give a full explanation of the reason. If you owe the debtor wages, state how often the debtor is paid. State the gross amount of the debtor's wages before any deductions and the net amount after all deductions and attach a copy of a pay slip.)

1.1 (If debt is owed to the debtor and one or more co-owners, check here and complete the following:)

Co-owner(s) of the debt: *(Name, address)*

2. (If you do not owe the debtor money, explain why. Give any other information that will explain your financial relationship with the debtor.)

3. (If you have been served with any other Notice of Garnishment or a Writ of Execution against the debtor, give particulars.)

Name of creditor	Location of sheriff	Date of notice	Date of service	Writ or garnishment

4. (If you have been served outside Prince Edward Island and you wish to object on the grounds that service outside Prince Edward Island was improper, give particulars of your objection.)

(Date)

(Signature of or for garnishee)

(Name of garnishee)

(Address)

(Telephone number, Fax number)

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

**Notice to Co-owner of Debt
Form 20G**

Claim no.

Creditor

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)
Creditor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service (street & number, city, postal code)		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Debtor

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)
Debtor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service (street & number, city, postal code)		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Garnishee

Full Name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)

TO:

Name of co-owner of debt

street and number

City, province, postal code

Phone number and fax number, if any of co-owner of debt

A LEGAL PROCEEDING

In this court between the creditor and the debtor has resulted in an order that the debtor pay a sum of money to the creditor.

The creditor has given a Notice of Garnishment to (*Name of garnishee*) _____ claiming that the garnishee owes a debt to the debtor.

A debt to the debtor includes both a debt payable to the debtor and a debt payable to the debtor and one or more other co-owners. The garnishee has indicated in the attached Garnishee's Statement that you are a co-owner. Under the Notice of Garnishment the garnishee has paid one-half of the indebtedness or a greater or lesser amount specified in an order made under subrule 20.08 (15) to the Sheriff.

IF YOU HAVE A CLAIM to the money being paid to the Sheriff by the garnishee, you have 30 days from service of this notice to make a motion to the court for a garnishment hearing. If you fail to do so, you may not hereafter dispute the enforcement of the creditor's order for the payment or recovery of money under the Rules of the Small Claims Section and the funds may be paid out to the creditor unless the court orders otherwise.

(Date)

(Signature of Clerk)

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

**Notice of Examination
Form 20H**

Claim no.

[SEALED]

Creditor

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)
Creditor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service (street & number, city, postal code)		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

Debtor

Full name		
Address for service (street & number, city, postal code)		
Phone no.	Fax no. (if any)	Email (optional)
Debtor's Lawyer/Agent (Full Name)		
Lawyer/Agent's address for service (street & number, city, postal code)		
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)

_____ : *Name of person to be summoned*

On (Date) _____, the plaintiff recovered judgment against (*Name of person/party against whom judgment was made*) _____ in the Supreme Court of Prince Edward Island - Small Claims Section for \$ _____ and \$ _____ costs. The judgment remains outstanding.

As of this date, there remains an outstanding balance of \$ _____.

This takes into account all money received and accrued post-judgment interest and costs to this date.

YOU ARE REQUIRED TO ATTEND AN EXAMINATION to determine the means (*Name of defendant*) _____ has to satisfy this judgment and whether (*Name of defendant*) _____ intends to satisfy it or has any reason for not doing so.

THE EXAMINATION WILL BE HELD at :

(Location of court)

on *(Date)* _____, _____ at *(Time)* _____.

TAKE NOTICE THAT IF YOU DO NOT ATTEND AS REQUIRED BY THIS NOTICE OR YOU REFUSE TO ANSWER QUESTIONS, THE COURT MAY FIND YOU IN CONTEMPT OF COURT AND ORDER YOU TO ATTEND FOR A CONTEMPT HEARING.

(Date)

(Signature of Clerk)

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

**Notice of Contempt Hearing
Form 201**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

TO: *(Name of person to be summoned)*

TAKE NOTICE:

That an order for contempt hearing has been made against you for:

- a) failure to attend as required by the Notice of Examination on: *(Date of examination)*

OR

- b) refusal to answer questions at the examination.

The contempt hearing is to be held at *(Address)*

on *(Date)* _____, beginning at *(Time)* _____

If you fail to attend this contempt hearing, the court may:

- a) order that you attend at an examination;
- b) make an order as to payment; or
- c) order that you be jailed for a period not exceeding 40 days.

(Date)

(Signature of Clerk)

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

**Warrant of Committal
Form 20J**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

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

Defendant No. 1

Defendant No. 2 (if applicable)

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

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

TO ALL police officers in Prince Edward Island AND TO the officers of all correctional institutions in Prince Edward Island:

A NOTICE OF CONTEMPT HEARING was issued from this court by which

(Name of person required to attend contempt hearing)

was required to attend the sittings of this court at *(Time)* _____ on *(Date)*

_____.

WHEREAS *(State facts relating to failure to attend or refusal to answer questions.)*

WHEREAS a judge of this court thereupon ordered *(Name)* _____ to be committed.

YOU ARE ORDERED to take the person named above to the nearest correctional institution.

and admit and detain him or her there for _____ days.

This Warrant expires twelve (12) months from the date of issue, unless renewed by court order.

(Date)

(Signature of Clerk)