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.	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 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 @ being _____ days Costs (C) Subtotal Less Amount(s) Paid (minus) (D) Post-judgment interest: (E) calculated at the rate of _____% per annum from ______ to _____ being \$_____ per day **Balance Due** Additional Cost(s) (F) \$ _____ for ____ Total \$ The amount unpaid on the judgment is \$ (*Total*) ______, as stated in this Certificate. The rate of post-judgment interest is ______ % per annum. (Signature of Clerk) (Date)