

**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.)

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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)*

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

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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.)

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\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of or for garnishee)*

\_\_\_\_\_  
*(Name of garnishee)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Telephone number, Fax number)*