Notice of Examination Form 20H

Claim no.

[SEALED]

Creditor		
Full name		
Address for service (street & r	number, city, postal code)	
Phone no.	Fax no. (if any)	Email (optional)
Creditor's Lawyer/Agent (Full	Name)	
Lawyer/Agent's address for se	rvice (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 & r	number, city, postal code)	
Phone no.	Fax no. (if any)	Email (optional)
Debtor's Lawyer/Agent (Full N	rame)	
Lawyer/Agent's address for se	rvice (street & number, city, postal code)	
Lawyer/Agent's phone no.	Lawyer/Agent's fax no. (if any)	Email (optional)
	: Name of person to b	e summoned
	the plaintiff recovered judgment against (Name of	
	Small Claims Section for \$	and \$ costs.
The judgment remains outstand	ing.	
As of this date, there remains an	n outstanding balance of \$	·
This takes into account all mone	ey received and accrued post-judgment interest a	nd costs to this date.
	TEND AN EXAMINATION to determine the m has to satisfy this judgment and	
	5	_

(Date),	at (<i>Time</i>)	·
	OU DO NOT ATTEND AS REQUIRED BY THIS NOTICE STIONS, THE COURT MAY FIND YOU IN CONTEMPT (
	TO ATTEND FOR A CONTEMPT HEARING.	-

(Signature of Clerk)

THE EXAMINATION WILL BE HELD at :

(Date)