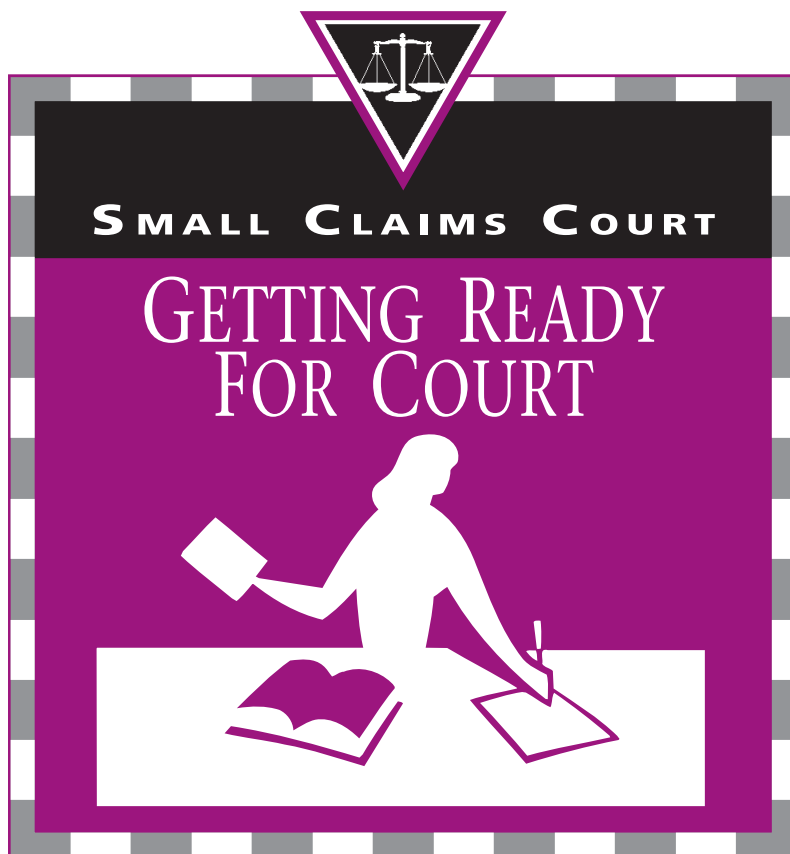


APPLICATION TO THE REGISTRAR



PROVINCIAL COURT OF BRITISH COLUMBIA

APPLICATION TO THE REGISTRAR

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER
REGISTRY LOCATION

APPLICATION TO THE REGISTRAR

Fill in the names of the parties, copying them from the Notice of Claim. Also, fill in the registry file number shown on the Notice of Claim.

In the case between:

_____ **CLAIMANT(S)**

and

_____ **DEFENDANT(S)**

FROM:

Fill in the name, address and telephone number of the applicant.

NAME		_____	
ADDRESS		_____	
CITY, TOWN, MUNICIPALITY		TEL. #	_____
PROV.	POSTAL CODE	_____	

Check the appropriate box.

The applicant asks for an order

- | | |
|--|--|
| <input type="checkbox"/> renewing a claim; | <input type="checkbox"/> permitting service of a notice of claim outside B.C.; |
| <input type="checkbox"/> renewing a third party notice; | <input type="checkbox"/> exempting the applicant from paying fees; |
| <input type="checkbox"/> postponing a settlement conference; | <input type="checkbox"/> permitting a hearing to be conducted by telephone; |
| <input type="checkbox"/> extending the time for filing a certificate of readiness; | <input type="checkbox"/> permitting another method of service; |
| <input type="checkbox"/> other: | |

If the other box is checked, give the details of the order you are asking for.

Give the facts you wish the registrar to consider and sign the Application.

The facts on which this application is based are as follows:

I certify these facts are true.

SIGNATURE OF APPLICANT _____

This will be completed by the court.

The Court orders that

_____ date

_____ by the registrar

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_____ CLAIMANT(S)

and _____ DEFENDANT(S)

FROM:
 Fill in the name, address and telephone number of the applicant.

NAME _____
 ADDRESS _____

 CITY, TOWN, MUNICIPALITY _____ TEL. # _____
 PROV. _____ POSTAL CODE _____

Check the appropriate box.

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