

AFFIDAVIT TO CANCEL A DISMISSAL OR DEFAULT ORDER

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

REGISTRY FILE NUMBER
REGISTRY LOCATION

AFFIDAVIT TO CANCEL A DISMISSAL OR DEFAULT ORDER

IN THE CASE BETWEEN

Fill in the Registry File number and location.

Copy the names and addresses of the claimant and defendant as shown on the notice of claim.

NAME _____ **CLAIMANT(S)**

ADDRESS _____

CITY, TOWN, MUNICIPALITY _____ TEL. # _____

PROV. _____ POSTAL CODE _____

AND
NAME _____ **DEFENDANT(S)**

ADDRESS _____

CITY, TOWN, MUNICIPALITY _____ TEL. # _____

PROV. _____ POSTAL CODE _____

I NAME _____ OCCUPATION _____

of ADDRESS _____

- make oath and say that
- solemnly affirm that

Attach this Affidavit to a completed "Application to a Judge"

1. I am the _____ in this action and this is my Affidavit in support of the attached application.

What order do you want cancelled? Tell what kind of order it is and when it was made.

2. A Dismissal
 Default Order
was registered in this action against me on _____ DATE _____

Why was the order made?

3. I did not
- file a Reply within 14 days of being served a Notice of Claim
 - attend a Settlement Conference
 - attend a Trial
 - attend a Mediation Session
 - sign a fee declaration (under rule 7.3)

because _____

What happened in this case? Explain why it happened.

4. I first learned of the Dismissal or Default Order on _____ DATE _____
and (complete if applicable) the reason for the delay for filing the attached Application is

If there has been a delay in asking for the order to be cancelled tell why.

5. The facts that support my claim or defence are: _____

What are the points in your claim or defence you believe you will be able to prove in a trial if your application is granted? Tell exactly what these points are.

Do not sign your affidavit until a commissioner for the taking of affidavits is present.

_____ date

_____ signature of person filling out the affidavit

A commissioner for taking affidavits will witness your signature

Sworn / Affirmed before me on

_____ date

at

_____ location where affidavit is sworn

_____ signature of commissioner for taking affidavits for British Columbia