

## **AFFIDAVIT OF NON-COMPLIANCE**

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (Small Claims Court)

| F | REGISTRY FILE NUMBER |
|---|----------------------|
| F | REGISTRY LOCATION    |

| COLUMBIA                                       | IN THE CASE BETWEEN  CLAIMANT(S)  NAME                          |                             |                   |                                |                         |  |
|--|---|-----------------------------|-------------------|--------------------------------|-------------------------|--|
| Fill in the Registry File number and location. |   |                             |                   |                                |                         |  |
| Copy the names and addresses of the claim-     | ADDRESS   |                             |                   |                                |                         |  |
| ant, defendant or third party.                 | CITY, TOWN, MUNICIPALITY  | PROV.                       | POSTAL CODE       | TEL. #                         | DEFENDANT(S)            |  |
|  | AND   |                             |                   |                                | ]                       |  |
|  | NAME  |                             |                   |                                | DEFENDANT(S)            |  |
|  | ADDRESS   |                             |                   |                                |                         |  |
|  | CITY, TOWN, MUNICIPALITY  | PROV.                       | POSTAL CODE       | TEL. #                         |                         |  |
|  | AND   | THOV.                       | TOOTAL GOOL       | 1 22. #                        | 2                       |  |
|  |   |                             |                   |                                | THIRD PARTY(S)          |  |
|  | NAME  |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  | CITY, TOWN, MUNICIPALITY  | PROV.                       | POSTAL CODE       | TEL. #                         |                         |  |
|  |   |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  | of NAME ADDRESS   |                             | OCCUPATION        |                                | <b>5</b>                |  |
|  | make oath and say that  |                             |                   |                                |                         |  |
|  | solemnly affirm that  |                             |                   |                                |                         |  |
| Attach this Affidavit                          | 1. I am the   |                             |                   | in thi                         | s action and this is my |  |
| to a completed "Payment Order"                 | Affidavit in support of the attac                               | ched <i>Payment Order</i> . |                   |                                | s action and this is my |  |
|  |   |                             |                   |                                |                         |  |
|  | 2. An agreement was recorded at a settlement conference on DATE |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
| What hannened in                               | 3. The Claimant Defendant                                       |                             |                   |                                |                         |  |
| What happened in this case? Explain.           | ☐ Third Party   |                             |                   |                                |                         |  |
|  | Failed to comply with the recorded terms of the agreement by    |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
|  |   |                             |                   |                                |                         |  |
| Do not sign your affidavit until a             |   |                             |                   |                                |                         |  |
| commissioner for the                           | month day year signature of person filling out the affidavit    |                             |                   |                                |                         |  |
| taking of affidavits is present.               | Sworn / Affirmed before me on                                   |                             |                   |                                |                         |  |
| A commissioner for                             | Sworii / Ariii iiled belore iile oii                            |                             |                   |                                |                         |  |
| taking affidavits will witness your signature  | month day   | year                        | ŀ                 | ocation where affidavit is sv  | vom                     |  |
|  |   | Г                           |                   |                                |                         |  |
|  |   |                             | cionature of come | niccionar for taking affidavit | o for Pritich Columbia  |  |