

**Supreme Court of Prince Edward Island
Small Claims Section**

**Affidavit for Jurisdiction
Form 11A**

[Claim No]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

| | |
|--------------------------------------|--------------------------------------|
| Full name | Full Name |
| Address for Service | Address for Service |
| Phone No | Phone No. |
| Fax No. (If any) | Fax No. (If any) |
| Plaintiff's Lawyer/Agent (Full Name) | Plaintiff's Lawyer/Agent (Full Name) |
| Lawyer/Agent's Address for Service | Lawyer/Agent's Address for Service |
| Lawyer/Agent's Phone No. | Lawyer/Agent's Phone No. |
| Fax No. (If any) | Fax No. (If any) |
| E-Mail Address (Optional) | E-Mail Address (Optional) |

Defendant No. 1

Defendant No. 2 (if applicable)

| | |
|--------------------------------------|--------------------------------------|
| Full name | Full Name |
| Address for Service | Address for Service |
| Phone No. | Phone No. |
| Fax No. (If any) | Fax No. (If any) |
| Defendant's Lawyer/Agent (Full Name) | Defendant's Lawyer/Agent (Full Name) |
| Lawyer/Agent's Address for Service | Lawyer/Agent's Address for Service |
| Lawyer/Agent's Phone No. | Lawyer/Agent's Phone No. |
| Fax No. (If any) | Fax No. (If any) |
| E-Mail Address (Optional) | E-Mail Address (Optional) |

My name is : _____
(Full name)

I live in _____
(Municipality and province)

and I swear/affirm that the following is true:

1. In this action, I am the
_____ plaintiff
_____ representative of the plaintiff(s) _____
(Name of plaintiff(s))

2. I make this affidavit in support of the plaintiff's request to note the defendant(s) in default, where all the defendants have been or will be served outside Prince Edward Island.

3. The plaintiff is entitled to proceed with this action in Prince Edward Island because this is:

_____ where the event (cause of action) took place.

_____ where the defendant lives or carries on business.

SWORN/AFFIRMED before me at _____)
the City/Town of _____, in the)
County of _____, Province of)
Prince Edward Island, this _____ day of)
_____, 20____.)

A COMMISSIONER FOR TAKING)
AFFIDAVITS)
)
)
)

(Signature)
(This form is to be signed in front of a lawyer, justice of the
peace, notary public or commissioner for taking affidavits)

WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.