

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

**Affidavit  
Form 15B**

**Claim no.**

**Plaintiff No. 1**

**Plaintiff No. 2 (if applicable)**

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

**Defendant No. 1**

**Defendant No. 2 (if applicable)**

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

**Note:** For additional defendants, please list on attached sheet with all the necessary information as requested above.

I, *Full name*, of *City, Town, etc.* in the County of *Name Of County*, in the Province of *Name of Province* **MAKE OATH AND SAY (or AFFIRM) as follows:**

*Set out the facts in support of the motion. If the facts are not within your own personal knowledge, give the source of your information*

**SWORN (or AFFIRMED) BEFORE ME AT**

this     day of *month*, *year* .

\_\_\_\_\_  
*A Commissioner for taking affidavits (or as may be)*

\_\_\_\_\_  
*(Signature)*

**WARNING: IT IS A CRIMINAL OFFENCE TO KNOWINGLY SWEAR A FALSE AFFIDAVIT.**