

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

**Defence
Form 9A**

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)

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

This Defence is being filed on behalf of:

(Name of defendant)

I/We dispute the full claim made by the plaintiff.

I/We admit the plaintiff's full claim and propose the following terms of payment:

\$ _____ per _____ commencing _____

I/We admit part of the plaintiff's claim amounting to \$(amount) _____ and propose the following terms of payment:

\$ _____ per _____ commencing _____

I/We dispute the balance of the claim.

NOTE: Payments to be made directly to Plaintiff or the Plaintiff's Lawyer/Agent.

REASONS FOR DISPUTING THE CLAIM AND DETAILS

If the defence is based in whole or in part on a document(s), **you must attach** a copy of the document to the defence, or if the document(s) is lost or unavailable, **you must explain** why it is not attached in the space provided below.

NOTE: If the defence contains a proposal for terms of payment, the plaintiff is deemed to have accepted the terms unless the plaintiff, in writing to the clerk, disputes the proposal and requests a hearing within 20 calendar days of service of a copy of the DEFENCE.

The notice of hearing will be served (delivered) on the parties.

1. IF THE DEFENDANT FAILS TO ATTEND AT THE HEARING, THE CLERK MAY SIGN JUDGMENT FOR THE UNPAID BALANCE ADMITTED; **OR**
2. IF THE DEFENDANT FAILS TO MAKE PAYMENT IN ACCORDANCE WITH THE TERMS OF PAYMENT PROPOSED, THE CLERK UPON RECEIPT OF THE PLAINTIFF'S AFFIDAVIT MAY SIGN JUDGMENT FOR THE UNPAID BALANCE.

<p>NOTE: If the address set out in the claim is incorrect, you must notify both the plaintiff(s) and the court (in writing) of your correct address.</p>

(Date)

*(Defendant's signature **OR**
Solicitor/Agent's name)*