**THE KING’S BENCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre**

BETWEEN:

 claimant

 (address)

– and –

 defendant

 (address)

**SMALL CLAIM**

**NOTICE TO DEFENDANT**

If you wish to dispute this claim, **you must file** a Defence (Form 76D) or a Defence and Counterclaim (Form 76E) within 20 days of being served. If you file a Defence and do not appear at the hearing, a decision may be issued against you.

**If you do not file a Defence or a Defence and Counterclaim, you may be noted in default, in which case the hearing date is cancelled and a default decision may be issued.**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF CLAIM (check one): |  |  |  |
| □ Unpaid account | □ *The Parental Responsibility Act* | □ Promissory Note | □ N.S.F. Cheque | □ Contract |
| □ Services rendered | □ Motor vehicle accident | □ Damage to property | □ Lease | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(describe)* |

The claimant claims from the defendant the sum of $ , plus costs, disbursements and interest (if applicable). The details of the claim are set out in Schedule A, attached.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of claimant or authorized agent*

 *Phone number*

 *Email address*

The hearing of this claim is set for  , at   a.m./p.m.,

 *(month/day/year)*

by teleconference from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court Centre.

 *(court location)*

To attend this hearing, you are required to call toll-free 1-855-342-6455, Conference ID\_\_\_\_\_\_\_\_\_\_

Filing Date:

 Deputy Registrar

**SCHEDULE A**

**DETAILS OF CLAIM**