## THE KING'S BENCH

	Centre				
BETWEEN:					
	claimant (address)				
– and –	(additions)				
	defendant				
SMALL CL	(address)				
SIMALL CLAIM					
NOTICE TO DEFENDANT					
If you wish to dispute this claim, <b>you must file</b> 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  Services rendered  Motor vehicle accident  Damage	ory Note				
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.,				
by teleconference from the	Court Centre.				
To attend this hearing, you are required to call toll-free	1-855-342-6455, Conference ID				

Deputy Registrar

Filing Date:

## **SCHEDULE A**

DETAILS OF CLAIM						