

**NOTICE OF CLAIM**  
 IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER _____
REGISTRY LOCATION _____

**FROM:**  
 Fill in the name, address and telephone number of the person(s) or business(es) making the claim.

NAME \_\_\_\_\_ CLAIMANT(S)  
 ADDRESS \_\_\_\_\_  
 CITY, TOWN, \_\_\_\_\_ TEL. # \_\_\_\_\_  
 MUNICIPALITY \_\_\_\_\_  
 PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**TO:**  
 Fill in the name, address and telephone number of the person(s) or business(es) the claim is against.

NAME \_\_\_\_\_ DEFENDANT(S)  
 ADDRESS \_\_\_\_\_  
 CITY, TOWN, \_\_\_\_\_ TEL. # \_\_\_\_\_  
 MUNICIPALITY \_\_\_\_\_  
 PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**WHAT HAPPENED?**  
 Tell what led to the claim.

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

☐ If you need more space to describe what happened, attach another page, mark it "Page 2 of the Notice of Claim" and check this box. A copy of the attached page must accompany each copy of the Notice of Claim.

**WHERE?**  
 Tell where this happened.

CITY, TOWN, \_\_\_\_\_ WHEN? \_\_\_\_\_  
 MUNICIPALITY \_\_\_\_\_ Tell when this happened \_\_\_\_\_  
 PROV. \_\_\_\_\_

**HOW MUCH?**  
 Tell what is being claimed from the defendant(s). If the claim is made up of several parts, separate them here and show the amount for each part. Add these amounts and fill in the total claimed.

a \_\_\_\_\_ \$ \_\_\_\_\_  
 b \_\_\_\_\_ \$ \_\_\_\_\_  
 c \_\_\_\_\_ \$ \_\_\_\_\_  
 d \_\_\_\_\_ \$ \_\_\_\_\_  
 e \_\_\_\_\_ \$ \_\_\_\_\_

**TIME LIMIT FOR DEFENDANT TO REPLY**

The defendant must complete and file the attached reply within 14 days from being served with this notice, unless the defendant settles this claim directly with the claimant. If the defendant does not reply, a court order may be made against the defendant without any further notice to the defendant. Then the defendant will have to pay the amount claimed plus interest and further expenses.

TOTAL \_\_\_\_\_  
 FILING FEES \_\_\_\_\_  
 SERVICE FEES \_\_\_\_\_

The Court Address for filing documents is:

\_\_\_\_\_

= **TOTAL CLAIMED \$** \_\_\_\_\_

☐ DEBT  
 ☐ OTHER THAN DEBT