NOTICE OF CLAIM

The Court Address for filing documents is:

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER

REGISTRY LOCATION

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		.,		

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

TO:

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

WHAT HAPPENED?

Tell what led to the claim.

WHERE?

Tell where this happened.

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.

NAME <u>Catherine Cook</u> ADDRESS 1888 SKYLARK AVENUE	
ADDRESS 1888 SKYlark Avenue	CLAIMANT(S)
•	
CITY, TOWN. MUNICIPALITY VICTORIA B.C. V9T 182	TEL. #652- 1130
MUNICIPALITY VICTORIA B.C. V91 182 PROV. POSTAL	CODE
NAME Bryan Wilson	DEFENDANT(S
NAME Bryan Wilson ADDRESS 9271 Woodside Creek Road	
CITY, TOWN,	TEL.#
MUNICIPALITY Victoria B.C. V6L 3W PROV. POSTAI	2 TEL. #478 - 2.161
TROY. 1001/L	CODE
· On 16 June 2001 the Defendant told me that the ceilin	g of the Defendant's home
ontained 8 inches of insulation. The home is located at:	<i></i>
. On 18 June 2001 I agreed to purchase the Defendant	•
. After occupying the Defendant's home on 18 July	
the ceiling only contained 4 inches of insulation.	
. I requested the Defendant pay for the insta	
insulation but the Defendant has refused to	do so.
If you need more space to describe what happened, attach and Claim" and check this box. A copy of the attached page must a	• • •
Claim" and check this box. A copy of the attached page must a CITY, TOWN, WHEN? Tell when this PROV. BC. happened	ecompany each copy of the Notice of Claim.
Claim" and check this box. A copy of the attached page must a CITY, TOWN, WHEN? Tell when this Victoria PROV. BC. happened	ecompany each copy of the Notice of Claim.
Claim" and check this box. A copy of the attached page must a CITY, TOWN, MUNICIPALITY Victoria PROV. B.C. Tell when this happened Tour inches of insulation installed in the Ceiling at 1888 Skylark Avenue, Victoria, B.C.	ecompany each copy of the Notice of Claim.
Claim" and check this box. A copy of the attached page must a CITY, TOWN, MUNICIPALITY Victoria PROV. B.C. Tell when this happened Tour inches of insulation installed in the Ceiling at 1888 Skylark Avenue, Victoria, B.C.	ecompany each copy of the Notice of Claim.
Claim" and check this box. A copy of the attached page must a CITY, TOWN, MUNICIPALITY Victoria PROV. B.C. happened Tour inches of insulation installed in the Ceiling at 1888 Skylark Avenue, Victoria, B.C.	\$ 845.00 \$\$
Claim" and check this box. A copy of the attached page must a CITY, TOWN, WHEN? Tell when this Victoria PROV. B.C. happened Justine installed in the Ceiling at 1888 Skylark Avenue, Victoria, B.C.	ecompany each copy of the Notice of Claim.
Claim" and check this box. A copy of the attached page must a CITY, TOWN, MUNICIPALITY Tell when this Victoria PROV. B.C. happened Tour inches of insulation installed in the Ceiling at 1888 Skylark Avenue, Victoria, D.B.C.	\$ 845.00 \$\$
Claim" and check this box. A copy of the attached page must a CITY, TOWN, WHEN? MUNICIPALITY Tell when this Nappened Tour inches of insulation installed in the Ceiling at 1888 Skylark Avenue, Victoria, b B.C.	\$ 845.00 \$\$\$\$\$\$\$
Claim" and check this box. A copy of the attached page must a CITY, TOWN, MUNICIPALITY Victoria PROV. B.C. happened Tour inches of insulation installed in the Ceiling at 1888 Skylark Avenue, Victoria, B.C.	\$ 845.00 \$\$\$\$

DEBT OTHER THAN DEBT

= TOTAL CLAIMED \$____

REPLY

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT) To a Claim

REGISTRY FILE NUMBER

386 / 01

Victoria

REGISTRY LOCATION

= TOTAL CLAIMED \$_____

To a Counterclaim

	NAME	Catherine Co	ook		CLAIMANT(S)
TO: Copy the name,	ADDRESS	1888 Skylark	< Avenue		
address and telephone number of the claimant from the Notice of Claim	CITY, TOWN, MUNICIPALITY	Victoria	₽.C.	V9T 1B2 POSTAL CODE	TEL.# 652 · 1130
FROM: Fill in the name, address and	NAME ADDRESS	Bryan Wilson 9271 Wood	on Side Creek R	oad	DEFENDANT
telephone number of the defendant filing this reply	CITY, TOWN, MUNICIPALITY	Victoria	B.C.	V6L 3W2 POSTAL CODE	TEL. #478-2161
DISPUTE Using the "HOW			laimant or in Skylark Aven		resented that
MUCH" section of the Notice of Claim as a guide, tell why you disagree with	b 8 in ch	nes of insula	tion in the co	eiling.	5.6,
each part (a - e) If you agree with parts of the claim say so.	c The C Shoul	laimant insp d have know	pacted the co	eiling on 16 J	une 2001 and of insulation.
	<u>d</u>				
	<u>e</u>				
AGREEMENT If you agree to pay all or part of what is	WITH THE CL			agree to pay \$	
claimed, make a proposal.	(give dates and amou	ollowing payments:			
COUNTER- CLAIM	Alova guova p				AVE A CVANA CARIOT
	1 '		IS PART OF THE FORM OT TO BE USED WHEN		AKE A CLAIM AGAINST UNTERCLAIM)
HOW MUCH? Tell what you are claiming If your					
counterclaim has more than one part, separate each part	<u>a</u>				\$
and fill in each individual amount, then add the individual amounts	<u>b</u>				\$
to make the total.	<u>c</u>				\$
					TOTAL
	I			FIL	LING FEES

THIRD PARTY NOTICE

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER	
REGISTRY LOCATION	

TO:

Fill in the name, address and telephone number of the person or business the defendant thinks should pay all or part of the claim against the defendant.

FROM:

Fill in the name, address and telephone number of the defendant who is adding the third party.

Copy the name, address and telephone number of the claimant from the notice of claim.

WHAT HAPPENED?

Tell what happened to make you think the third party should pay all or part of the claim.

HOW MUCH?

Tell what you are claiming from the third party. 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.

	VIC	Toria	
NAME Chill Free Ins	ulation Ita		THIRD PARTY
ADDRESS 835 Comme	rce Road		
city, town, Mictoria	B.C.	V4R 6L2	TEL # 78 - 10022
NAME Bryan Wilson	PROV.	POSTAL CODE	DEFENDANT
ADDRESS 9271 Woodsid	de Creek Ro	ad	
CITY, TOWN, MUNICIPALITY Victoria	B.C.	V6L 3W2	TEL # 478-2161
NAME C	PROV.	POSTAL CODE	CLAIMANT
ADDRESS 1888 Skylark			
CITY, TOWN, MUNICIPALITY VICTORIA	B.C.	V9T 1B2	TEL #652-1130

On 10 August 2000 I entered into a Contract with the Third Party to provide ceiling insulation at 1885 Skylark Avenue, Victoria, B.C. The Third Party agreed to install B inches of insulation On 18 July 2001 I learned that in fact only 4 inches of insulation had been installed in the ceiling.

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

a \$ 845 for breach of Contract being the cost of installing 4 inches of insulation	ne 30, \$	845	00
b in the ceiling of 1888 Skylark Avenu Victoria, B. C.	e ¦ \$		
c	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	\$		
	AL \$	845	00
If the third party does not settle directly with the claimant and the defendant or file a reply within 14 days from being served with this notice, a court order may be made against the third. +FILING FE	ES \$		1 (1 1 1 1 1 1
party. Then the third party will have to pay the amount claimed plus interest and further expenses +SERVICE FE	ES \$		1 1
=TOT/ CLAIMI			

$ \square$	DEBI		
	OTHER	THAN	DEBT

The Court Address for filing documents is:

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