## APPLICATION TO THE REGISTRAR

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

REGISTRY FILE NUMBER

(072/01

VICTORIA

REGISTRY LOCATION

	In the case between:					
Fill in the names of the parties,	Colin Gray	/		CLAIMANT(S)		
copying them from the Notice of Claim. Also, fill	and					
nn the registry file number shown on the Notice of Claim.	Kelly Cart	er		DEFENDANT(S)		
FROM	NAME Kelly Carte					
Fill in the name, address and telephone number	Victoria CITY, TOWN MUNICIPALITY	B.C.		595-0013		
of the applicant.		PROV	POSTAL CODE			
Check the appropriate box	The applicant asks for an	order				
	renewing a claim; renewing a third party notice postponing a settlement conf extending the time for filing	ference;	✓exempting the appermitting a hea	ee of a notice of claim outside B.C.; oplicant from paying fees; ring to be conducted by telephone; er method of service;		
If the other box is checked, give the details of the order you are	other:					
asking for.						
	The facts on which this ap The facts are set fee exemption	out in a state	tement in so	epport of		
				Vall Carren		
This will be completed by the court	The Court orders that					
	month	day year		by the registrar		

## IN THE MATTER OF THE APPLICATION WITH RESPECT TO THE FEE EXEMPTION OF:

	Kelly Carter
BET	WEEN:
	Colin Gray CLAIMANT(S)
AND	: :
	Kelly Carter DEFENDANT(S)
	STATEMENT IN SUPPORT OF FEE EXEMPTION
Ι,	Kelly Carter (address)9712 Ash Lane, Victoria, B.C.
(occi	upation) <u>unemployed</u> , state as follows:
1.	I am the Applicant.
2.	I make this statement in support of my application for an Order that I be declared indigent with respect to the fees set out in Appendix 1, Schedule A, of the Small Claims Rules, as they apply to my application and these (intended) proceedings in this Court.
	(STRIKE OUT ANYTHING THAT DOES NOT APPLY TO YOU, AND INITIAL)
3.	KC. KC. I am <del>married</del> / single / <del>other</del> (specify):
4,	Haupport and maintain: (specify number)
5.1	Lam employed and my gross monthly earnings are \$
OR	
5.2	I am unemployed and have no source of income at this time, other than (specify): Unemployment Insurance Benefits / Social Assistance / Workers

	Compensation Benefits / Disability Benefits / Canada Pension Plan / Other:		
6.	My gross monthly income from all sources is: \$600.		
7. •	The person with whom I reside is employed / unemployed. His / Her gross-monthly income from all sources is \$ and net income is \$		
8.	There are no sources of income in my household other than \$_N/Afrom (specify source)		
9.	Attached to this statement is a current "Statement of Income and Expenses" stating the income and expenses, assets and liabilities, of my household.		
10.	I have no other assets of remarkable value nor the ability to borrow money for the fees required in Schedule A for these proceedings.		
11.	Attached to this statement is my (specify): Notice of Claim / Reply / Counterclaim / other:		
	K.C.		
12.	My (specify) Claim / Reply / Counterclaim / other: is reasonable and is neither scandalous, frivolous nor vexatious, and is not otherwise an abuse of the process of this Honourable Court.		
Date:	14 May 2001  Kelly Carter  Applicant's Signature		

File Number 672/01 VICTORIA

## Statement of Income and Expenses In the Provincial Court of British Columbia Small Claims Division

Monthly Income	Assets:
Net Salary       (a) \$         Sales       (b) \$         Commissions       (c) \$         U.I Income       (d) \$         Social Assistance       (e) \$         Family Allowance       (f) \$         Pension       (g) \$         Dividends       (h) \$         Investments       (i) \$         Rentals       (j) \$         Interest       (k) \$         Accounts Receivable       (l) \$         Other       (m) \$	Auto (make/year)
TOTAL \$ 600	TOTAL \$ 200
Monthly Expenses	<u>Totals</u>
Rent       (a) \$ 350         Mortgage       (b) \$         Taxes       (c) \$         Utilities       (d) \$ 40         Food       (e) \$ 150         Clothing       (f) \$ 20         Medical/Dental/Prescrip       (g) \$         Insurance       (h) \$         Child Care       (i) \$         Sundries       (j) \$         Transportation       40         Payments       Balance Owing:         Vehicle       (k) \$         Financial Inst       (l) \$         Dept. Stores       (m) \$         Other       (n) \$	MONTHLY INCOMES LESS MONTHLY EXPENSES Balance  OTHER INFORMATION Spouse's net income Number of Dependants Ages: