

**Supreme Court of Prince Edward Island  
Small Claims Section**

**Consent  
Form 13B**

[Claim No]

**Plaintiff No. 1**

**Plaintiff No. 2 (if applicable)**

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

**Defendant No. 1**

**Defendant No. 2 (if applicable)**

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

I/We, \_\_\_\_\_  
(Name of Party(ies))

**consent to the following:**

\_\_\_\_\_ the judge or Prothonotary conducting the pre-trial conference may order final judgment in this matter, if a mediated settlement is not reached and all parties signed this consent.

\_\_\_\_\_ the Defendant defaulted in making payment(s) to me under a proposal of terms of payment in the Defence (Form 9A) and I waive the default up to the following date: \_\_\_\_\_, 20\_\_\_\_.

(Date)

\_\_\_\_\_ the Debtor defaulted in making payment(s) to me under an Order for periodic payment and I waive the default up to the following date: \_\_\_\_\_, 20\_\_\_\_.

(Date)

\_\_\_\_\_ a document containing 16 or more pages, including the cover page and backsheet, may be served by fax between 8:00 a.m. and 5:00 p.m.

\_\_\_\_\_ the Defendant, \_\_\_\_\_, who has been noted in default, may:

(Name of Defendant)

\_\_\_\_\_ file a Defence \_\_\_\_\_ take the following step in the proceeding:

\_\_\_\_\_  
(Name of step of proceeding)

\_\_\_\_\_ the matters discussed at the pre-trial conference may be disclosed to:

\_\_\_\_\_  
(Name of party/person)

\_\_\_\_\_ the Debtor \_\_\_\_\_, agrees to an Order for payment

(Name of Debtor)

at an examination hearing on the following term:

\_\_\_\_\_  
(Provide specific details such as date of commencement of payment, frequency, amount and duration)

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

\_\_\_\_\_ the time prescribed by the *Small Claims Rules* for \_\_\_\_\_ serving \_\_\_\_\_ filing  
the following document \_\_\_\_\_  
(Name of document)

may be \_\_\_\_\_ lengthened \_\_\_\_\_ shortened until \_\_\_\_\_, 20\_\_\_\_\_.  
(Date)

\_\_\_\_\_ other \_\_\_\_\_  
(Specify)

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

*(Put a line through any blank space and initial)*

*The parties do not need to sign this consent on the same day, but each must sign in the presence of his or her witness, who signs a moment later. (For additional parties signatures, attach a separate sheet in the format below).*

\_\_\_\_\_, 20\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of party consenting)

\_\_\_\_\_  
(Name of party consenting)

\_\_\_\_\_  
(Signature of Witness )

\_\_\_\_\_  
(Name of Witness)

\_\_\_\_\_, 20\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of party consenting)

\_\_\_\_\_  
(Name of party consenting)

\_\_\_\_\_  
(Signature of Witness )

\_\_\_\_\_  
(Name of Witness)

\_\_\_\_\_, 20\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of party consenting)

\_\_\_\_\_  
(Name of party consenting)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Name of Witness)

\_\_\_\_\_, 20\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of party consenting)

\_\_\_\_\_  
(Name of party consenting)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Name of Witness)