

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

**FINANCIAL INFORMATION FORM
Form 20I**

[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)

This form is to be completed by the debtor and served on the creditor.
This form is not to be filed in the court file.

MONTHLY INCOME	MONTHLY EXPENSES
Employer(s) _____	Rent/Mortgage \$ _____
Employer(s) _____	Maintenance/Support Payments \$ _____
Net salary \$ _____	Property taxes \$ _____
Commissions \$ _____	Utilities (heat, water, light) \$ _____
Tips and gratuities \$ _____	Phone \$ _____
Employment insurance \$ _____	Cable \$ _____
Pension income \$ _____	House/Tenant Insurance \$ _____
Investment Income \$ _____	Life insurance \$ _____
Rental income \$ _____	Food \$ _____
Business income \$ _____	Childcare/babysitting \$ _____
Child tax benefit \$ _____	Motor vehicle (lease or loan) \$ _____
Maintenance (if any) \$ _____	License, insurance, fuel & maintenance \$ _____
Monthly income of other adult household members \$ _____	Transportation \$ _____
Other \$ _____	
Income Assistance \$ _____	
INCOME TOTAL \$ _____	EXPENSES TOTAL \$ _____

MONTHLY DEBTS

Credit card(s) payments (please specify):

_____ \$ _____
_____ \$ _____
_____ \$ _____

Bank or finance company payments (please specify):

_____ \$ _____
_____ \$ _____
_____ \$ _____

Department store(s) payments (please specify):

_____ \$ _____
_____ \$ _____

DEBTS TOTAL \$ _____

VALUE OF ASSETS

Real estate equity \$ _____

Market value \$ _____

Mortgage balance \$ _____

Automobile equity \$ _____

make and year _____

loan and balance _____

Bank or other account balance(s)
(include RRSP's) \$ _____

Stocks & Bonds \$ _____

Life insurance (cash value) \$ _____

Money owing to you \$ _____

Name of debtor _____

Personal property \$ _____

Cash \$ _____

Other \$ _____

TOTAL VALUE OF ASSETS \$ _____