

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

**Plaintiff's Claim  
Form 7A**

**Claim no.**

[SEALED]

**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)

**Note:** For additional defendants, please list on attached sheet with all the necessary information as requested above.

**TO THE DEFENDANT(S):**

The plaintiff claims from you \$ *amount of claim* plus \$ *interest claimed to date (if any)* and costs for the reason(s) set out below.

The plaintiff further claims from you pre-judgment interest and post-judgment interest in accordance with the *Supreme Court Act*.

**IF YOU DO NOT FILE A DEFENCE WITH THE COURT WITHIN TWENTY (20) CALENDAR DAYS AFTER YOU RECEIVED THIS CLAIM, JUDGMENT MAY BE ENTERED AGAINST YOU.**

**JUDGMENT MAY BE ENTERED WITHOUT FURTHER NOTICE TO YOU.**

**TYPE OF CLAIM**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unpaid Account         | <input type="checkbox"/> Promissory Note   | <input type="checkbox"/> Damage to Property  |
| <input type="checkbox"/> Contract               | <input type="checkbox"/> Services Rendered | <input type="checkbox"/> Lease               |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> N.S.F. Cheque     | <input type="checkbox"/> Other: <i>other</i> |

**REASONS FOR CLAIM AND DETAILS**

Explain what happened, where and when and the amounts of money involved.

*reasons for claim and details*

If more space is required, attach separate sheet(s).

If the claim is based in whole or in part on a document(s), **you must attach** a copy of the document(s) to the claim, or if the document(s) is lost or unavailable, **you must explain** why it is not attached in the space provided below.

*explain why copy of the document is not attached*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Plaintiff)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Clerk)