



# REPLY

IN THE PROVINCIAL COURT OF NEWFOUNDLAND (SMALL CLAIMS DIVISION)

COURT FILE NUMBER

COURT LOCATION

REPLY

**TO:**

Copy the name, address and telephone number of the plaintiff from the Statement of Claim.

NAME				<b>PLAINTIFF(S)</b>
ADDRESS				
CITY, TOWN, MUNICIPALITY	PROV.	POSTAL CODE	TEL. #	

**FROM:**

Fill in the name, address and telephone number of the defendant filing this reply.

NAME				<b>DEFENDANT</b>
ADDRESS				
CITY, TOWN, MUNICIPALITY	PROV.	POSTAL CODE	TEL. #	

**DISPUTE:**

Using the "HOW MUCH" section of the Statement of Claim as a guide, tell why you disagree with each part (a - d). If you agree with parts of the claim say so.

**a**

**b**

**c**

**d**

**AGREEMENT WITH THE CLAIM:** I agree to:

If you agree to pay all or part of what is claimed, make a proposal. If you agree to complete unfinished work, say so.

I could make the following payments:  
(GIVE DATES AND AMOUNTS)

The plaintiff may file a consent or summary judgment to end the lawsuit. Otherwise the court will set a date for a settlement conference or a hearing and notify you.

**COUNTERCLAIM** (YOU SHOULD ONLY FILL OUT THIS PART OF THE FORM IF YOU WISH TO MAKE A CLAIM AGAINST THE PLAINTIFF)

**WHAT HAPPENED?**  
Briefly tell what has led to you counterclaim.

**HOW MUCH?**  
Tell what you are claiming. If your counterclaim has more than one part, separate each part and fill in each individual amount, then add the individual amount to make the total.

<b>a</b>	\$	
<b>b</b>	\$	
<b>c</b>	\$	
<b>TOTAL</b>	\$	

**SIGN HERE**

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.