

SCL 018 (06/97)

## AFFIDAVIT TO CANCEL A DISMISSAL ORDER OR DEFAULT JUDGMENT IN THE PROVINCIAL COURT OF NEWFOUNDLAND (SMALL CLAIMS DIVISION)

CO	URT	FILE	NUM	BER	
CC	URT	LOCA	TION	1	

AFFIDAVIT TO CANCEL A DISMISSAL ORDER OR DEFAULT JUDGMENT PLAINTIFF(S) Fill in the court file NAME number and location. ADDRESS Copy the names and TEL. # CITY, TOWN, MUNICIPALITY addresses of the plaintiff and defendant as POSTAL CODE PROV. shown on the **DEFENDANT(S)** NAME statement of claim. ADDRESS TEL.# CITY, TOWN, MUNICIPALITY POSTAL CODE PROV. WHAT order do you want cancelled? Tell what Dismissal Order kind of order it is and Default Judgment when it was made. WHY was the order Dismissal orders and Default Judgments are made when someone does not attend court for a settlement conference or trial, or because someone did not file a reply within the time limit. What happened in this case? Explain why it happened. If there has been a delay in asking for the order to be cancelled tell why. WHAT are the points in your claim or defense you believe you will be able to prove in a trial if your application is granted? Tell exactly what these points are. If you do not prove these points at trial you may lose your case and ordered to pay a penalty to the other party. Do not sign your affidavit until a commissioner of Oaths, Justice of the Peace or Notary Public is present. signature of person filling out the affidavit A commissioner of Sworn before me on Oaths, Justice of the Peace or Notary Public at will witness your signature. location where affidavit is sworn

signature of Commissioner of Oaths, Justice of the Peace or Notary Public