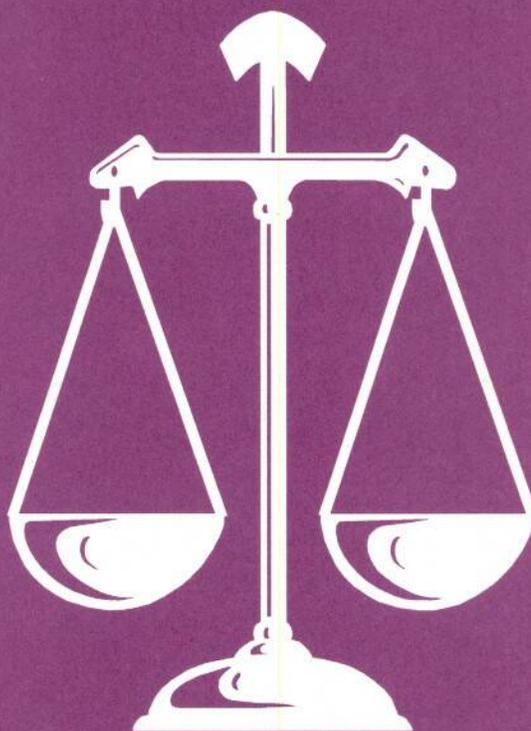


APPLICATION TO A JUDGE

Provincial Court of Newfoundland & Labrador



Small Claims Division

APPLICATION TO A JUDGE

COURT FILE NUMBER

What is the court file number and location shown on the Statement of Claim?

Step 1

COMPLETE the APPLICATION. To complete the form, use a typewriter or print clearly. There are 4 copies, so be sure that all copies are legible.



Step 2

FILE the APPLICATION at the Provincial Court (Small Claims Division). If you are applying to cancel a Default Judgment or Dismissal Order you must also complete and attach Form 18. If there is a hearing it will be at Court and the court staff will tell you the date.



Step 3

SERVE a copy of the application on each of the parties named in the statement of claim in your case at least 7 days before the hearing date.

APPLICATION TO A JUDGE

IN THE PROVINCIAL COURT OF NEWFOUNDLAND & LABRADOR (SMALL CLAIMS DIVISION)

COURT FILE NUMBER

COURT LOCATION

APPLICATION TO A JUDGE

Fill in the names of the parties, copying them from the Statement of Claim. Also, fill in the Court file number shown on the Statement of Claim.

In the case between:

PLAINTIFF(S)

and

DEFENDANT(S)

FROM:

Fill in the name, address and telephone number of the applicant.

NAME	APPLICANT		
ADDRESS			
CITY, TOWN MUNICIPALITY	PROV.	POSTAL CODE	TEL.#

Check the appropriate box.

The applicant asks for an order

- | | |
|---|--|
| <input type="checkbox"/> renewing a statement of claim; | <input type="checkbox"/> renewing a third party notice; |
| <input type="checkbox"/> postponing a settlement conference; | <input type="checkbox"/> permitting a late reply to be filed; |
| <input type="checkbox"/> permitting costs; | <input type="checkbox"/> cancelling a default judgment or dismissal order; |
| <input type="checkbox"/> permitting another method of service; | <input type="checkbox"/> extending or shortening a time limit; |
| <input type="checkbox"/> permitting service of a statement of claim outside the province; | <input type="checkbox"/> changing or cancelling an order made in absence of a party; |
| <input type="checkbox"/> appointment of a next friend; | <input type="checkbox"/> transferring the matter to another court; |
| | <input type="checkbox"/> other; |

Give the details of the order you are asking for.

Give the facts you wish the court to consider and sign the Application.

The facts on which this application is based are as follows:

I certify these facts are true.

SIGNATURE OF APPLICANT

The application will be heard by the court.

on _____ month _____ day _____ year at _____ time M or as soon after this time as the court schedule allows.

at _____ court location

The Court staff will tell you the date of the hearing if one is necessary.

This will be completed by the court.

The Court orders that

_____ month _____ day _____ year by the court