

PLEASE PRINT FIRMLY AND CLEARLY

THE QUEEN'S BENCH

_____ Centre

(form 76 A)

BETWEEN:

FIRST NAME LAST NAME

OR

CORPORATE/BUSINESS NAME (IF APPLICABLE)

ADDRESS

CITY, PROV. POSTAL CODE

FOR

claimant

(address)

**FILL/COMPLETE
NAMES OF ALL
PARTIES IN
BLOCK LETTERS
PLEASE**

- and -

FIRST NAME LAST NAME

OR

CORPORATE/BUSINESS NAME (IF APPLICABLE)

ADDRESS

CITY, PROV. POSTAL CODE

AGAINST

defendant

(address)

SMALL CLAIM

**TOTAL AMOUNT
not including
interest or costs**

**THE CLAIMANT CLAIMS from the defendant the sum of \$ _____, plus
prejudgment interest and costs, for the following reasons or the reasons attached:**

TYPE OF CLAIM:

PLEASE CHECK ONE

Unpaid account

The Parental Responsibility Act

Promissory Note

N.S.F Cheque

Contract

Services rendered

Motor vehicle accident

Damage to property

Lease

Other

**PLEASE
DESCRIBE IN
1-3 WORDS**

Reasons for claim and details (unless given on attached document):

Please state briefly and specifically the reasons for your claim in this space. Be sure to include date (s)/time period event occurred, work performed, services or goods provided, item (s) loaned and not returned, N.S.F. cheque, money loaned, etc.

NOTE: Any reference to attachments, letters, bills etc. should **NOT** be made here. Doing so will require that material to be provided to the defendant. Be sure to submit those items at the time of the hearing as part of your case.

SIGN CLAIM FORM HERE

Signature of Claimant,
or Authorized Agent or Lawyer

I HEREBY FIX _____

(day)

at _____ a.m./p.m., at _____

**DO NOT COMPLETE
THIS AREA**

of _____, _____,

_____ (address)

_____, Manitoba, as the time and place for the hearing of the above claim.

(town or city)

Date: _____

{ Court Seal }

Deputy Registrar

**PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION
BEFORE COMPLETING FORM**