

PLEASE PRINT FIRMLY AND CLEARLY

THE QUEEN'S BENCH

Centre

(form 76 A)

IF DRIVER NOT OWNER, SHOW BOTH AND IDENTIFY THE DRIVER, OWNER

BETWEEN: FIRST NAME LAST NAME
ADDRESS
CITY, PROV. POSTAL CODE

FIRST NAME LAST NAME
OR
CORPORATE/BUSINESS NAME
(IF APPLICABLE)
ADDRESS
CITY, PROV. POSTAL CODE

FOR
claimant
(address)

- and -

IF DRIVER NOT OWNER, SHOW BOTH AND IDENTIFY THE DRIVER, OWNER

FIRST NAME LAST NAME
ADDRESS
CITY, PROV. POSTAL CODE

FIRST NAME LAST NAME
OR
CORPORATE/BUSINESS NAME
(IF APPLICABLE)
ADDRESS
CITY, PROV. POSTAL CODE

AGAINST
defendant
(address)

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

SMALL CLAIM

**FULL AMOUNT OF DEDUCTIBLE
OR
DAMAGES IF SMALLER**

**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:

**CHECK THIS BOX
ONLY**

- The Parental Responsibility Act* Promissory Note N.S.F Cheque Contract
- Motor vehicle accident** Damage to property Lease Other _____

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

Please provide **ONLY** the following information:

- State: **"CLAIMING FOR DEDUCTIBLE PORTION OF DAMAGES"**
- Indicate: **DATE, TIME AND PLACE** of the accident
- Include: Your **MPI CLAIM NUMBER**

SIGN CLAIM FORM HERE

Signature of Claimant
or Authorized Agent or Lawyer

I HEREBY FIX _____ the _____ day of _____,

(day) _____
at _____ a.m./p.m., at _____
_____ (address)

**DO NOT COMPLETE
THIS AREA**

_____, 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**

MPI