SCHEDULE B
Form 1
IN THE NUNAVUT COURT OF JUSTICE — SMALL CLAIMS

NOTICE OF CLAIM

File No. _____

FROM (CLAIMANT) (Please print)

Name		Home phone No.
Address	Community	Work phone No.
Postal Code	Email address	Fax No.
Address for service		

TO (DEFENDANT) (Please print)

Name		Home phone No.
Address	Community	Work phone No.
Postal Code	Email address	Fax No.

AND TO (ADDITIONAL DEFENDANT) (Please print)

Name		Home phone No.
Address	Community	Work phone No.
Postal Code	Email address	Fax No.

TO THE DEFENDANT*
Attention: Please read the Notice on the back.
* ᐃᖅᑲᑐᕐᑕᐅᔪᒧᑦ: ᐅᕐᑲᓕᒫᕐᓗᒋᑦ ᑐᓂᐊᓂ (ᐃᓄᒃᑎᑑᕐᑐᑦ).
* **À L'ATTENTION DU DÉFENDEUR :** Veuillez lire l'avis à l'endos.

THE CLAIMANT CLAIMS FROM YOU $_____ (max. of $20,000)
AND THE COST OF THIS CLAIM (CURRENTLY $ _____) FOR THE REASON(S) SET OUT BELOW.

Describe **what** happened (*Use additional sheet of paper if necessary*)

When and **where** did it happen? _____
(Day, month, year) (Community)

The location of this trial should be: _____
(Community)

Is your claim for more than $20,000? ☐ Yes ☐ No

If yes, are you abandoning the amount over $20,000?** ☐ Yes ☐ No
** *If you abandon part of your claim, you agree not to try to recover it in another small claim or other legal proceedings.*

The Defendant understands the language of this claim.*** ☐ Yes ☐ No ☐ Unknown
*** *If the defendant does not understand the language of this claim, this may delay the proceedings.*

_____ _____
Signature of Claimant Date

ISSUED at _____, in Nunavut on the _____ day of _____, 20__.
(Community)

_____
Clerk of the Nunavut Court of Justice

NOTICE TO DEFENDANT

This small claim was filed against you in the Nunavut Court of Justice. **YOU MUST REPLY WITHIN 30 DAYS OF RECEIPT OF THIS DOCUMENT**.

You can either:

(I) AGREE WITH THE CLAIM:

You must complete a Reply (including Part A) and file it at the Nunavut Court of Justice. You will either attach payment for the full amount of the claim payable to the claimant (money order or certified cheque) OR you will propose an amount which you could pay and the dates you could make these payments.

OR

(II) DISAGREE WITH THE CLAIM:

You must complete a Reply (including Part B) indicating the reasons you do not agree with the claim and file it at the Nunavut Court of Justice.
If you have your own claim against the claimant, mark the Counterclaim section on the Reply and complete a Counterclaim and file both forms at the Nunavut Court of Justice.
If you have a claim against someone else, mark the Third Party Claim section on the Reply and complete a Third Party Claim and file both forms at the Nunavut Court of Justice.

IF YOU FAIL TO REPLY WITHIN 30 DAYS, JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT FURTHER NOTICE.

IF YOU DO NOT UNDERSTAND THE LANGUAGE OF THIS DOCUMENT, YOU MUST CONTACT THE CLERK WITHIN 25 DAYS (30 DAYS IF YOU LIVE AND CARRY ON BUSINESS OUTSIDE NUNAVUT) OF RECEIPT OF THIS DOCUMENT.

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ᑐᑭᓯᒪᖕᒋᒃᑯᕕᑦ ᐅᖃᐅᓯᕐᒥᒃ ᐊᑐᕐᑕᐅᔪᒥᒃ ᐅᕙᓂ ᑎᑎᖃᓂ, ᖃᐅᔨᒃᑲᓇᐊᖃᕐᑕᐃᑦ ᑎᑎᕋᕐᑎ ᐅᑉᐳᐃᑦ 25 ᐃᓗᐊᓐᓂ (30-ᓂᒃ ᐅᑉᐳᓂᒃ ᓄᓇᖃᕈᕕᑦ ᓇᖕᒥᓂᕐᑯᑎᖃᕈᕕᑦᑐ ᓄᓇᕗᑦ ᓯᓚᑖᓂ) ᐅᓇ ᑎᑎᖃᖅ ᐱᓯᒪᓕᕐᑐᒍ.

AVIS AU DÉFENDEUR

SI VOUS NE COMPRENEZ PAS LA LANGUE DU PRÉSENT DOCUMENT, VOUS DEVEZ EN FAIRE MENTION AU GREFFIER DANS UN DÉLAI DE 25 JOURS SUIVANT LA RÉCEPTION DE CE DOCUMENT (30 JOURS SI VOUS RÉSIDEZ À L'EXTÉRIEUR DU NUNAVUT ET N'Y FAITES PAS AFFAIRE).