Form 2 IN THE NUNAVUT COURT OF JUSTICE — SMALL CLAIMS

<u>REPLY</u>

File No._____

FROM (DEFENDANT) (Please print)

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

TO (CLAIMANT) (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.

Fill in Part A OR Part B

PART A: I AGREE WITH THE CLAIM

I have read the Notice of Claim.

I ADMIT ALL OR MOST OF THE CLAIM AND

(a) I attach my payment for the full amount of the claim, payable to the claimant;

(b) I will make the following payments directly to the claimant on the following dates*:

(Use additional sheet of paper if necessary)

□ (c) I request mediation respecting the settlement and payment of the claim.

*If a payment is not made, the Claimant may obtain judgment against you without further notice to you.

PART B: I DO NOT AGREE WITH THE CLAIM

Explain why you deny all or most of the claim. (Use additional sheet of paper if necessary)

COUNTERCLAIM OR THIRD PARTY CLAIM:

- □ I HAVE MY OWN CLAIM AGAINST THE CLAIMANT. (It is attached as Form 3.)
- □ I HAVE A CLAIM AGAINST SOMEONE ELSE FOR THE PAYMENT OF THIS CLAIM OR FOR A MATTER RELATING TO THIS CLAIM. (It is attached as Form 4.)

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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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AVIS

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).