

**Supreme Court of Prince Edward Island
Small Claims Section**

**Notice of Trial
Form 16A**

Claim no.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Note: For additional defendants, please list on attached sheet with all the necessary information as requested above.

TAKE NOTICE:

The trial of this action will be held at *Location of court* on *Date* at *Time* or soon thereafter as the trial may be held.

TAKE NOTICE: IF YOU FAIL TO APPEAR, THIS ACTION MAY BE DISPOSED OF WITHOUT FURTHER NOTICE TO YOU.

Dated at *place* this *date* day of *month*, *year* .

(Signature of Clerk)