

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

**Request for a Hearing  
(Dispute of Proposal of Terms of Payment)  
Form 9B**

**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.

**TO THE COURT:**

I *Name* dispute the defendant's proposal to terms of payments to the claim filed, and request that a hearing be held in this proceeding for the following reasons:

*Give reasons for request*

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*(Signature of party, solicitor or agent)*