Supreme Court of Prince Edward Island
Small Claims Section

<p align="center">Consent for Prothonotary's Order
Form 11D</p>

<div align="right">[Claim No]</div>

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)

<p align="center">NOTE: THIS CONSENT must be signed by all parties to the action (including any party to be added, deleted or substituted) and filed together with a Request for Prothonotary's Order (Form 11C)</p>

I/We, _____
(Name of Party(ies))

1. **consent to the following:**

_____ the time prescribed by the Small Claims Rules for   _____ serving _____ filing

the following document: _____
(Name of document)

may be _____ lengthened   _____ shortened   until _____, 20_____

_____ amend a Plaintiff's claim issued on _____, 20___

_____ amend a Defence filed on _____, 20_____

_____ amend a Defendant's claim issued on _____, 20_____

_____ add   _____
(Name of party)

to the   _____ Plaintiff's claim _____ Defendant's claim

as a   _____ defendant   _____ plaintiff

_____ delete   _____
(Name of party)

from the_____ Plaintiff's claim _____ Defendant's claim

_____ substitute _____
(Name of party)

with   _____
(Name of party)

to the   _____ Plaintiff's claim _____ Defendant's claim

_____ set aside the noting in default of _____
(Name of defendant(s))

_____ set aside Default judgment against _____
(Name of defendant(s))

_____ set aside the following step taken to enforce the default judgment that has not yet been completed:

_____
(Specify)

_____ restore the following matter that was dismissed under Rule 11.1:_____
(Specify)

_____ note that payment has been made in full satisfaction of an order or terms of settlement

_____ dismiss the   _____ Plaintiff's claim _____ Defendant's claim

_____ costs in the amount of $_____ to be paid to _____
(Amount)   (Name of party(ies))

by _____
(Name of party(ies))

2.   **State that no party affected by the order is under disability.**

3.   **State that each party has received a copy of the completed Request for Prothonotary's Order (Form 11C).**

(Put a line through any blank space and initial)

The parties do not need to sign this consent on the same day, but each must sign in the presence of his or her witness, who signs a moment later. (For additional parties signatures, attach a separate sheet in the format below).

_____, 20_____   )   _____, 20_____
(Date)   )   (Date)
)
_____   )   _____
(Signature of party consenting)   )   (Signature of party consenting)
)
_____   )   _____
(Name of party consenting)   )   (Name of party consenting)
)
_____   )   _____
(Signature of Witness   )   )   (Signature of Witness)
)
_____   )   _____
(Name of Witness)   )   (Name of Witness)
)

_____, 20_____   )   _____, 20_____
(Date)   )
)
_____   )   _____
(Signature of party consenting)   )   (Signature of party consenting)
)
_____   )   _____
(Name of party consenting)   )   (Name of party consenting)
)
_____   )   _____
(Signature of Witness   )   )   (Signature of Witness)
)
_____   )   _____
(Name of Witness)   )   (Name of Witness)
)

4. **I/We,** _____
         (Name of person(s))

    consent to be added to the:

             _____ Plaintiff's claim   _____ Defendant's Claim

    as a   _____ defendant   _____ plaintiff

5. **I/We,** _____
         (Name of person(s))

    consent to be deleted from the:

             _____ Plaintiff's claim   _____ Defendant's Claim

    as a   _____ defendant   _____ plaintiff

6. **I/We,** _____
         (Name of person(s))

    consent to be added by substitution to the:

             _____ Plaintiff's claim   _____ Defendant's Claim

    as a   _____ defendant   _____ plaintiff

The persons do not need to sign this consent on the same day, but each must sign in the presence of his or her witness, who signs a moment later. (For additional parties signatures, attach a separate sheet in the format below).

_____, 20_____   )   _____, 20_____
(Date)   )
)
_____   )   _____
(Signature of person consenting)   )   (Signature of person consenting)
)
_____   )   _____
(Name of person consenting)   )   (Name of person consenting)
)
_____   )   _____
(Signature of Witness   )   )   (Signature of Witness)
)
_____   )   _____
(Name of Witness)   )   (Name of Witness)
)