# Certificate of Judgment Form 20A

Claim no.

# [SEALED]

Plaintiff No. 1	Plaintiff No. 2 (if applicable)
Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Address for Service
Lawyer/Agent's Phone No. Fax No. (If any)	Lawyer/Agent's Phone No. Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

# Defendant No. 1 Defendant No. 2 (if applicable)

Full name	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.

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### TO THE CLERK OF THE SMALL CLAIMS COURT

Person requesting Certificate is Name of person requesting Certificate of Address of person requesting Certificate.

A Judgment was recovered in this action against *Name of person(s) against whom judgment was recovered* on *Date* in the *Small Claims Section of the Supreme Court of Prince Edward Island* for the following:

(A)	Debt (Claimed Amount)	\$
(B)	Pre-judgment interest @ % per annum from to , being days	\$
(C)	Costs	\$
	Subtotal	\$
(D)	Less Amount(s) Paid (minus)	\$
(E)	Post-judgment interest:	
	calculated at the rate of % per annum from to , being \$ per day	\$
	being \$ per day	φ
Balance Due		\$
(F)	Additional Cost(s)	
	<pre>\$ for \$ for</pre>	
	\$ for	\$
	Total	\$

The amount unpaid on the judgment is \$ Total, as stated in this Certificate.

The rate of post-judgment interest is % per annum.

(Date)

(Signature of Clerk)