Supreme Court of Prince Edward Island
Small Claims Section

Notice of Garnishment Hearing
Form 20K

[Claim No]

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: The Notice of Garnishment Hearing must be served by the person requesting the hearing on the creditor, debtor, garnishee, co-owner of debt, if any, and any other interested person.

NOTE: IF YOU FAIL TO ATTEND THIS GARNISHMENT HEARING, AN ORDER MAY BE MADE IN YOUR ABSENCE AND ENFORCED AGAINST YOU.

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Garnishee

Last name of individual or name of company, etc.

First given name | Second given name | Also known as

Address for service (street & number, unit, municipality, province)

Postal code | Phone number | Fax number

Representative/Agent

Address for service (street & number, unit, municipality, province)

Postal code | Phone number | Fax number

Co-owner of Debt (if any)

Last name of individual or name of company, etc.

First given name | Second given name | Also known as

Address for service (street & number, unit, municipality, province)

Postal code | Phone number | Fax number

Representative/Agent

Address for service (street & number, unit, municipality, province)

Postal code | Phone number | Fax number

Other Interested Person (if any)

Last name of individual or name of company, etc.

First given name | Second given name | Also known as

Address for service (street & number, unit, municipality, province)

Postal code | Phone number | Fax number

Representative/Agent

Address for service (street & number, unit, municipality, province)

Postal code | Phone number | Fax number

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[Claim No]

TO THE PARTIES:

(The person requesting this garnishment hearing or the person's representative must contact Sheriffs Services to choose a time and date when the court could hold this garnishment hearing.)

THIS COURT WILL HOLD A GARNISHMENT HEARING on _____, 20__, at the hour of _____ a.m./p.m. or as soon as possible after that time, at _____
(Address of court location)

because:

_____ the creditor _____ the debtor _____ the garnishee _____ the co-owner of debt

_____ other interested person: _____
(Specify)

states the following:

(In separately numbered paragraphs, provide details of your dispute and the order(s) requested.

_____

_____

_____

_____

_____

_____

_____

_____

_____

(If more space required, attach a separate sheet)

_____, 20___ _____
(Signature of party or representative)