

Small Claims Court	Claim No.
_____	_____

Address	

Phone Number	

Creditor Additional creditor(s) listed on the attached Form 1A.

Last name, or name of company		
First Name	Second Name	Also Known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.

Debtor		
Last name, or name of company		
First Name	Second Name	Also Known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.
Representative		LSUC no.
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.

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 [R. 8.01(9)].

Les formulaires des tribunaux sont affichées en anglais et en français sur le site www.ontariocourtforms.on.ca. Visitez ce site pour des renseignements sur des formats accessibles.

Garnishee

Last name, or name of company		
First Name	Second Name	Also Known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.

Co-Owner of Debt (if any)

Additional co-owner(s) listed on the attached Form 1A.

Last name, or name of company		
First Name	Second Name	Also Known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.

Other Interested Person (if any)

Additional interested person(s) listed on the attached Form 1A.

Last name, or name of company		
First Name	Second Name	Also Known as
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.
Representative		LSUC #
Address (street number, apt., unit)		
City/Town	Province	Phone no.
Postal Code		Fax no.

