



Province of Alberta

PROVINCIAL COURT ACT

**PROVINCIAL COURT CIVIL
FORMS REGULATION**

Alberta Regulation 179/2018

Extract

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Note

All persons making use of this document are reminded that it has no legislative sanction. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

(no amdt)

ALBERTA REGULATION 179/2018

Provincial Court Act

PROVINCIAL COURT CIVIL FORMS REGULATION

Form of documents

- 1(1)** A civil claim must be in Form 1 of the Schedule.
- (2)** A dispute note must be in Form 2 of the Schedule.
- (3)** A request to note in default must be in Form 3 of the Schedule.
- (4)** A request for default judgment must be in Form 4 of the Schedule.
- (5)** A dispute note to counterclaim must be in Form 5 of the Schedule.
- (6)** A third party claim must be in Form 6 of the Schedule.
- (7)** A dispute note to third party claim must be in Form 7 of the Schedule.
- (8)** An application must be in Form 8 of the Schedule.
- (9)** An affidavit must be in Form 9 of the Schedule.
- (10)** A notice to attend as a witness must be in Form 10 of the Schedule.
- (11)** A trial statement must be in Form 11 of the Schedule.

Repeal

- 2** The *Provincial Court Civil Claims Forms Regulation* (AR 55/2001) is repealed.

Coming into force

- 3** This Regulation comes into force on the coming into force of section 6(2), (3), (4)(a)(i) to (iv), (vi) and (vii), (b) and (c) and (5) to (17) of the *Statutes Amendment Act, 2015*.

Schedule**Form 1**

(Section 3 of the *Provincial Court
Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

CIVIL CLAIM**NOTICE TO DEFENDANT(S):**

You are being sued. You are a defendant. Failure to respond to this civil claim may result in a judgment being entered against you. Go to the end of this document to see what you can do and when you must do it.

The claim arose at _____ (City/Town), Alberta on or about _____, 20__.

1 The plaintiff(s) claims from the defendant(s):

(check applicable box(es))

- \$ _____ (amount claimed, not including interest or costs)
- Interest from the date the claim arose to the date of judgment pursuant to: (check applicable box(es))
- an agreement between the plaintiff(s) and the defendant(s) at the rate of _____% per year
- the *Judgment Interest Act*
- other (describe the basis for and amount of your interest claim): _____
- Costs
- filing fees, costs for service of the claim and any steps taken up to judgment
- other (describe the basis for and amount of any other costs you are requesting): _____
- Other (describe any other relief you are requesting): _____

2 Abandonment of excess portion of claim

(check the following box only if you are abandoning any claim that exceeds the financial jurisdiction of this Court)

I abandon that part of the civil claim that exceeds the financial jurisdiction of this Court. I understand and agree that I cannot recover in this Court or any other court the part of my civil claim that is abandoned.

3 I will be calling (number) witness(es) at the trial of this matter, including myself.

4 Parties' Contact Information

Plaintiff(s) (provide the following information for each plaintiff)

Last name, or name of company (corporation or business/trade name)		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
First name	Second name	
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. ()
E-mail address		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

Defendant(s) (provide the following information for each defendant)

Last name, or name of company (corporation or business/trade name)		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
First name	Second name	
Address of most usual place of residence, or registered office or place of business (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. ()
E-mail address		

5 Reasons for Claim

The reasons for the claim by the plaintiff(s) are:

(Briefly describe the reasons for your claim against the defendant(s). Describe what happened, where and when it happened, who was involved, and how you arrive at the amount claimed.)

NOTICE TO DEFENDANT(S):

You have only a short time to respond to this civil claim:

- 20 days if you are served in Alberta
- 30 days if you are served outside Alberta

You must either:

1 **Settle** the claim directly with the plaintiff.

- or -

2 **Pay** the amount plus interest and costs as claimed in the civil claim to the Provincial Court office by cash, certified cheque, money order or debit card (if available) only. A Court appearance may not be necessary if you choose this option.

- or -

3 **Dispute** the civil claim within the applicable time limit set out above, by doing the following:

- (a) Complete a dispute note (which may include a counterclaim) giving your reasons for disputing the civil claim. If there are parts of the civil claim you agree with, check the applicable box in section 2 in the dispute note.
- (b) File the dispute note and pay the applicable filing fee either in person at any Provincial Court office, or by mail to the Provincial Court location shown on the civil claim. The Provincial Court must receive a dispute note and the applicable filing fee within the time limit set out above.

WARNING:

If you do not pay the civil claim or file a dispute note within the time limit set out above, the plaintiff(s) may obtain a judgment against you.

Forms and self-help materials are available at any Provincial Court location and on the Alberta Courts website at:
<https://www.albertacourts.ca/provincial-court/civil>

Form 2

(Section 5 of the *Provincial Court Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

DISPUTE NOTE*(check the applicable box)*

- without counterclaim
 with counterclaim
 with counterclaim adding the following new party(parties):
-

ADDRESS FOR SERVICE AND
 CONTACT INFORMATION OF
 PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties) (defendant(s)):		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by:

Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	<input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
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NOTICE TO PLAINTIFF(S):

This document may contain a counterclaim. If so, you are a “defendant by counterclaim”. Failure to respond to a counterclaim may result in a judgment being entered against you. Go to the end of this document to see what you can do and when you must do it.

- 1 I dispute the civil claim for the following reasons:
(Explain which parts of the civil claim you do not agree with and why. Simply stating that you cannot afford to pay the claim is not a valid defence.)

- 2 I admit the following parts of the civil claim:

- 3 Regarding the amount claimed in the civil claim:
(check the applicable box if you agree to pay all or a part of the civil claim)
 - I agree I owe the entire amount claimed in the civil claim.
 - I agree I owe \$_____, which is a part of the amount claimed in the civil claim but I do not agree with the remaining amount claimed.
 - I do not agree with the amount claimed.
- 4 I will be calling (number) witness(es) at the trial of this matter, including myself.

**DEFENDANT’S COUNTERCLAIM
OR CLAIM FOR SET-OFF**

(Complete the section below only if you are making a counterclaim or a claim for set-off against the plaintiff(s). If you file a counterclaim, you become a “plaintiff by counterclaim”.

A counterclaim is not required if you are seeking only costs for time and expenses to dispute the plaintiff’s claim. Costs may be addressed with the Court at the conclusion of the matter.)

- 5** The defendant(s) counterclaim(s) or claim(s) a set-off from the plaintiff(s) in the amount of \$_____, not including interest and costs, for the following reasons:
- _____

- 6** The defendant(s) also claims:

- Interest from the date the counterclaim arose to the date of judgment pursuant to: *(check applicable box(es))*
- an agreement between the plaintiff(s) and the defendants at the rate of ___% per year
- the *Judgment Interest Act*
- other *(describe the basis for and amount of your interest claim):* _____
- Costs *(check applicable box(es))*
- filing fee, service of the claim and any steps taken up to judgment
- other *(describe the basis for and amount of any other costs you are requesting):* _____

7 Abandonment of excess portion of counterclaim

(check the following box only if you are abandoning any part of the counterclaim that exceeds the financial jurisdiction of this Court)

- I abandon that part of the counterclaim that exceeds the financial jurisdiction of this Court. I understand and agree that I cannot recover in this Court or any other court the part of my counterclaim that is abandoned.

Do not attach any additional material or evidence to this dispute note to counterclaim.

NOTICE TO DEFENDANT(S) BY COUNTERCLAIM:

If you have been served this dispute note and it includes a counterclaim that has added you as a new party to the action, you have only a short time to respond to this counterclaim:

20 days if you are served in Alberta
30 days if you are served outside Alberta

You must either:

1 **Settle** the counterclaim directly with the plaintiff by counterclaim.

- or -

2 **Pay** the amount plus interest and costs as claimed in the counterclaim to the Provincial Court office by cash, certified cheque, money order or debit card (if available) only.

- or -

3 **Dispute** the counterclaim within the time limit set out above, by doing the following:

- (a) Complete a dispute note to counterclaim giving your reasons for disputing the counterclaim. If there are parts of the counterclaim you agree with, fill out paragraph 2 in the dispute note to counterclaim.
- (b) File the dispute note to counterclaim and pay the applicable filing fee either in person at any Provincial Court office, or by mail to the Provincial Court location shown on the dispute note. The Provincial Court must receive a dispute note to counterclaim and the applicable filing fee within the time limit set out above.

WARNING:

If you fail to do one of the options listed above, or are late in doing so, the plaintiff by counterclaim may request to note you in default and apply to the Court for judgment against you in the amount set out in their counterclaim.

If you are an existing party to the action and have received this dispute note and it includes a counterclaim, you may respond to the counterclaim by completing one of the options listed above, but you are not required to do so.

Forms and self-help materials are available at any Provincial Court location and on the Alberta Courts website at:
<https://www.albertacourts.ca/provincial-court/civil>

Form 3(Section 6, 8 or 11 of the *Provincial Court Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

REQUEST TO NOTE IN DEFAULTADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties):		<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by:
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	<input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self

- 1** As no dispute note has been filed, the time for doing so has expired and proof of service has been filed with the Court, _____ (*name of party*) requests the Clerk of the Court to note the following party(parties) in default (*check applicable box(es) and provide name(s)*):

- defendant(s) _____ (*name*)
- defendant(s) by counterclaim _____ (*name*)
- third party defendant(s) _____ (*name*)

- 2** (*Complete this section only if you are asking to note a defendant in default — not a defendant by counterclaim or a third party defendant*)

The party filing this document requests, in respect of the defendant(s) noted in default, that: (*check the applicable box*)

- a hearing date be set to assess the damages

- a judgment be entered based on the supporting affidavit
without further notice to the above named defendant(s).

NOTICE TO PARTY FILING THIS DOCUMENT:

If you have requested a noting in default on a counterclaim or third party claim, no further steps may be taken to obtain judgment without the permission of the Court.

For office use only

This matter is set for a hearing to assess the damages on:

_____, 20___, at _____ a.m. p.m.

in Courtroom # _____.

Form 4

(Section 6 of the *Provincial Court
Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

REQUEST FOR DEFAULT JUDGMENT

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties):		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by:

Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	<input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
---	--------------------	---

1 As no dispute note has been filed, the time for doing so has expired and proof of service of the civil claim has been filed with the Court, the plaintiff(s) requests the Clerk of the Court to enter default judgment against the defendant(s) (name of defendant(s)) in the following amount:

- (A) AMOUNT CLAIMED
(not including interest or costs) \$ _____
- Less payments made since
date claim was filed - \$ _____
- (TOTAL A) = \$ _____
- (B) INTEREST *(attach your calculation of interest)*
(TOTAL B) = \$ _____
- (C) COSTS *(attach your calculation of costs)*
(TOTAL C) = \$ _____
- (D) TOTAL JUDGMENT OF (A+B+C) = \$ _____

Form 5

(Section 7 of the Provincial Court
Civil Procedure Regulation)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

DISPUTE NOTE TO COUNTERCLAIM

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties):	18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Address for service (building, street, apt., unit, P.O. Box number)	

City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

- 1** I dispute the counterclaim for the following reasons: *(Explain which parts of the counterclaim you do not agree with and why. Simply stating that you cannot afford to pay the counterclaim is not a valid defence.)*
- _____
- 2** I admit the following parts of the counterclaim:
- _____
- 3** Regarding the amount claimed in the counterclaim *(check applicable box if you agree to pay all or a part of the counterclaim):*
- I agree I owe the entire amount claimed in the counterclaim.
- I agree I owe \$_____, which is a part of the amount claimed in the counterclaim, but I do not agree with the remaining amount claimed in the counterclaim.
- I do not agree with the amounts claimed.
- Do not attach any additional material or evidence to this dispute note to counterclaim.**

Form 6

(Section 9 of the *Provincial Court Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

THIRD PARTY DEFENDANT(S)

DOCUMENT

THIRD PARTY CLAIM

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties) (this defendant):		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

NOTICE TO THIRD PARTY DEFENDANT(S):

This third party claim is made against you. You are a third party defendant. Failure to respond may result in a judgment being entered against you. Go to the end of this document to see what you can do and when you must do it.

1 Contact Information for Third Party Defendant(s)

(provide the following information for each third party defendant)

Last name, or name of company (corporation or business/trade name)		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
First name	Second name	
Address of most usual place of residence, or registered office or place of business (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. ()
E-mail address		

- 2** The plaintiff(s) has sued the defendant(s) as set out in the attached civil claim. This defendant disputes the claim as set out in the attached dispute note.
- 3** If the plaintiff(s) succeeds in the civil claim against this defendant, this defendant claims
- (a) that you should be responsible for all or part of any judgment or costs awarded against this defendant,

- (b) other (describe any other claim against the third party): _____, and
- (c) costs.

4 Reasons for the third party claim

This defendant's reasons for making this third party claim against you are (explain why the third party defendant(s) should pay all or a part of the civil claim): _____

Do not attach any additional material or evidence to this third party claim.

NOTICE TO THIRD PARTY DEFENDANT(S)

You have only a short time to respond to this third party claim:

- 20 days if you are served in Alberta
- 30 days if you are served outside Alberta

You must complete a dispute note to third party claim and file it in person at any Provincial Court office, or by mail to the Provincial Court location shown on the third party claim, along with the applicable filing fee.

Your dispute note to third party claim should not only deny your liability to the defendant(s), but also indicate whether you deny that this defendant(s) is liable to the plaintiff(s).

This third party claim will be tried with other claims in the action unless the Court otherwise orders.

WARNING:

If you fail to file a dispute note to third party claim or are late in doing so, this defendant may request to note you in default.

Forms and self-help materials are available at any Provincial Court location and on the Alberta Courts website at:
<https://www.albertacourts.ca/provincial-court/civil>

Form 7

(Section 10 of the *Provincial Court Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER
 PROVINCIAL COURT OF ALBERTA (CIVIL)
 COURT LOCATION
 PLAINTIFF(S)

DEFENDANT(S)

THIRD PARTY DEFENDANT(S)

DOCUMENT

**DISPUTE NOTE TO
THIRD PARTY CLAIM**ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties) (this third party defendant):		18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

- 1** This third party defendant(s) disputes the third party claim of the defendant(s) as follows:
- (a) This third party defendant denies liability to the defendant(s) to the extent claimed in the third party claim:
 Yes No
- (b) This third party defendant denies that the defendant(s) is liable to the plaintiff(s):
 Yes No
- 2** This third party defendant(s) disputes the third party claim for the following reasons: _____

- 3** This third party defendant(s) admits the following parts of the third party claim: _____

- 4** *(Complete the following section only if you are not already a plaintiff or defendant)*
I will be calling (number) witnesses at the trial of this action, including myself.

Do not attach any additional material or evidence to this dispute note to third party claim.

Form 8
(Section 24 of the *Provincial Court
Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

APPLICATION

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties)(applicant): <i>(name)</i>		<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	
<p>NOTICE TO: <u><i>(name and full address of the party you are making the application against)</i></u></p> <p>This application is being made against you. You are a respondent. The application is scheduled for:</p> <p>Date: _____</p> <p>Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>Where: _____</p> <p>Courtroom Number: _____</p>		

Go to the end of this document to see what you can do and when you must do it.

(If the application will be heard by telephone, include the following in this Notice)

The applicant will attend this application by telephone conference at () *(applicant's telephone number)*.

To attend this application by telephone conference you will be contacted at the scheduled time at the following telephone number: () *(respondent's telephone number)*. If this telephone number is incorrect or you will be appearing in person, you must contact the Court office immediately at () *(Court office's telephone number)*.

1 I ask the Court to make the following order(s):

(Select the orders you are asking the Court for. You may include a number of requests on one application form.)

- Setting aside or Varying a
- default judgment
 - noting in default
 - judgment
 - dismissal of a claim or counterclaim

which was entered on _____, 20__.

- Adjourning a pre-trial conference
- Adjourning a trial
- Making a judgment following a breach of a mediated agreement
- Ordering a payment hearing
- Ordering pre-trial questioning
- Ordering production of records
- Ordering summary dismissal
- Ordering summary judgment
- Other: _____ *(describe what you will be asking the Court for)*

2 My reasons for making this application to the Court are:

3 The affidavit of (name of person), filed on (date), will be relied on at the application.

WARNING TO THE RESPONDENT:

If you or your lawyer, student-at-law or agent do not attend Court, the Court may deal with the application in your absence. You will be bound by any order made by the Court.

If you want to oppose this application, you or your lawyer, student-at-law or agent must:

- (a) attend Court on the date and time shown at the beginning of the form;
- (b) if you intend to rely on an affidavit,
 - (i) file the affidavit in response with the Provincial Court office where the application is scheduled to be heard, and
 - (ii) serve the affidavit in response on the applicant(s) a reasonable time before the application is scheduled to be heard.

Forms and self-help materials are available at any Provincial Court location and on the Alberta Courts website at:
<https://www.albertacourts.ca/provincial-court/civil>

Form 9

(Section 6, 24 or 35 of the *Provincial Court Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

AFFIDAVIT

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties):		<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code

Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

AFFIDAVIT OF (name of person completing this affidavit)

Sworn (or Affirmed) on _____, 20__

I, (name), of (City/Town), Alberta,

SWEAR AFFIRM AND SAY THAT:

- 1.
- 2.
- 3.

Sworn or Affirmed before me) _____
 at _____, Alberta, this ____ day) *(signature of person swearing*
 of _____, 20 ____) *or affirming this affidavit)*
 _____)
 (Commissioner for Oaths,)
 Justice of the Peace or)
 Notary Public in and for Alberta))
 _____)
(print name and expiry date or
name of lawyer/student-at-law))

Form 10

(Section 27 of the *Provincial Court*
Civil Procedure Regulation)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

**NOTICE TO ATTEND
AS A WITNESS**ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties):		<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

1 Witness Required to Attend

Full name of Witness		
Address of witness (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Alternate Phone No. ()	E-mail address (if known)
<p>You are required to appear before a judge of the Provincial Court and give evidence and testify as a witness at a trial on behalf of</p> <p>_____</p> <p><i>(name of party filing this document)</i></p> <p>You must attend at the date, time and place and for the period specified below:</p> <p>Date: _____</p> <p>Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>Where: _____</p> <p>Courtroom Number: _____</p>		

- 2** You must also bring with you any records, including documents, contracts, cheques, invoices, letters, receipts, repair estimates, photographs or videos, printouts of any e-mails or other electronic

messages, duplicate copies or transcripts of any voice messages, or any other materials that relate to this matter.

In particular, you are required to bring the following:

- 3** A witness allowance that is required to be paid to you for attending as a witness must accompany this Notice. The allowance is calculated as follows, in accordance with section 28 and Schedule 1 of the *Provincial Court Civil Procedure Regulation*:

Allowance payable for each day or part of a day that you are required as a witness (\$25/day)	
OR	
Allowance payable for each day or part of a day that you are required as an expert witness (\$50/day)	\$
Meals	\$
Accommodation	\$
Transportation	\$
TOTAL	\$
WARNING TO WITNESS:	
If you do not attend and remain in attendance as required in this notice, a judge may issue a Court Order requiring that you attend or be detained in custody.	
Any disputes regarding the witness allowance paid to you may be brought to the attention of the judge at trial.	

Form 11

(Section 30 of the *Provincial Court Civil Procedure Regulation*)

Clerk's stamp

ACTION NUMBER

PROVINCIAL COURT OF ALBERTA (CIVIL)

COURT LOCATION

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT

TRIAL STATEMENT

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Document filed on behalf of the following party(parties):		<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Address for service (building, street, apt., unit, P.O. Box number)		
City/Town	Province	Postal Code
Daytime Phone No. ()	Cellular Phone No. ()	Fax No. for service ()
E-mail address for service		Represented by: <input type="checkbox"/> Lawyer <input type="checkbox"/> Student-at-law <input type="checkbox"/> Agent <input type="checkbox"/> Self
Name of Lawyer/ Student-at-law/Agent (if any)	Firm Name (if any)	

NOTICE:

The trial statement must contain all the facts and records you wish the Court to consider.

All parties must file a trial statement with the Court at least 14 days before the simplified trial and must serve a copy of it on each of the other parties at their address for service at least 7 days before the simplified trial is scheduled to begin.

- 1 Statement of facts** — A summary of the facts and evidence intended to be presented to the court at the trial is attached *(briefly set out the facts in the order that events happened, in numbered paragraphs, typed if possible; the summary should not exceed 3 pages).*
- 2 Amount Claimed, Disputed or Counterclaimed** — Attached is a summary showing the amount claimed, disputed or counterclaimed, and how the amount is calculated *(typed, if possible).*
- 3 Witness(es)** for the Plaintiff Defendant.
Name(s): _____

Attached is a brief summary of what I believe each witness will say under oath to support my case.

(For each of your witnesses, you should file a notice to attend as a witness with the Court and serve it on your witnesses along with the appropriate witness allowance at least 21 days before the simplified trial date. If your witness requires an interpreter, you must make these arrangements at your expense.)

- 4 Copies of all relevant documents and records are attached** — including any documents, contracts, cheques, invoices, letters, receipts, repair estimates, photographs or videos, printouts of any e-mails or other electronic messages, duplicate copies or transcripts of any voice messages.

(You may not be allowed to rely on documents or other records as evidence in court unless you have attached them to this trial statement and served copies to all other parties at their address for service as shown on their documents.

(Filing of documents and records does not guarantee the contents will be accepted as evidence.)

- 5** I, (name of party), acknowledge the following:

- (a) I am aware the trial is scheduled on _____, 20__ at _____ a.m./p.m. and I am ready to proceed;
- (b) I have read the notice of simplified trial, acknowledge this matter has been set for a simplified trial which is scheduled for a total of _____ minutes and I know that presentation of my case must be no longer than half the scheduled time;
- (c) attached to this trial statement are all the relevant documents and records and witness summaries I intend to rely on at trial. I will provide a copy to all other parties at least 7 days before the trial;
- (d) I am aware that I can, and should attempt to settle this action before the trial;

I certify the facts set out in the trial statement are true.

(signature of party filing this document)

(date)

NOTE TO PARTY FILING THIS DOCUMENT:

At trial, you will be asked to swear or affirm the truth of the contents of this trial statement.



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