

Form 2
IN THE NUNAVUT COURT OF JUSTICE — SMALL CLAIMS

REPLY

File No. _____

FROM (DEFENDANT) (Please print)

Name		Home phone No.
Address		Work phone No.
Postal Code	Email address	Fax No.
Address for Service		

TO (CLAIMANT) (Please print)

Name		Home phone No.
Address		Work phone No.
Postal Code	Email address	Fax No.

AND TO (ADDITIONAL DEFENDANT) (Please print)

Name		Home phone No.
Address		Work phone No.
Postal Code	Email address	Fax No.

Fill in Part A OR Part B

PART A: I AGREE WITH THE CLAIM

I have read the Notice of Claim.

I ADMIT ALL OR MOST OF THE CLAIM AND

- (a) I attach my payment for the full amount of the claim, payable to the claimant;
- (b) I will make the following payments directly to the claimant on the following dates*:
 \$ _____ on _____;
(day, month, year)
 \$ _____ on _____;
(day, month, year)
 (Use additional sheet of paper if necessary)
- (c) I request mediation respecting the settlement and payment of the claim.

**If a payment is not made, the Claimant may obtain judgment against you without further notice to you.*

PART B: I DO NOT AGREE WITH THE CLAIM

Explain why you deny all or most of the claim. *(Use additional sheet of paper if necessary)*

COUNTERCLAIM OR THIRD PARTY CLAIM:

- I HAVE MY OWN CLAIM AGAINST THE CLAIMANT. *(It is attached as Form 3.)*
- I HAVE A CLAIM AGAINST SOMEONE ELSE FOR THE PAYMENT OF THIS CLAIM OR FOR A MATTER RELATING TO THIS CLAIM. *(It is attached as Form 4.)*

The Claimant understands the language of this reply.** Yes No Unknown

** *If the claimant does not understand the language of this reply, this may delay the proceedings.*

Signature of Defendant

Date

