

Plaintiff

Defendant

OPTIONS AVAILABLE TO DEFENDANT

(art. 964 C.C.P.)

The Plaintiff has filed this action with the office of the Small Claims Division of the Civil Division of the Court of Québec.

NOTE THAT THE FOLLOWING OPTIONS ARE AVAILABLE TO YOU AND THAT, IF YOU FAIL TO INDICATE AN OPTION TO THE CLERK WITHIN 20 DAYS OF THE NOTIFICATION OF THIS ACTION, JUDGMENT MAY BE RENDERED AGAINST YOU WITHOUT FURTHER NOTICE OR EXTENSION:

- You may pay the amount claimed and the Plaintiff's disbursements either to the clerk or to the Plaintiff, in the latter case forwarding proof of payment or the acquittance obtained from the Plaintiff to the clerk.
- You may make a settlement with the Plaintiff, and send a copy of the agreement signed by the Plaintiff and yourself to the clerk.
- You may contest the merits of the action, and so advise the clerk, specifying the grounds for the contestation. If you choose to do so, you may:
 - request that the dispute be referred to mediation;
 - apply for referral of the case to another judicial district or before another court, specifying the grounds for the request;
 - request that another person be impleaded to allow a complete resolution of the dispute, in which case you must inform the clerk of the person's name and last known address;
 - make a counter-claim against the Plaintiff provided it arises out of the same source as the Plaintiff's claim or from a related source and is admissible under the Book on small claims.

ATTENTION

For more information on small claims, you may consult the **Small Claims** leaflet published by the ministère de la Justice in the *Justice at a glance* collection. This leaflet is available at the office of the clerk and on the Website of the ministère de la Justice at www.justice.gouv.qc.ca. More information is also available on the Educaloï Website, at www.educaloï.qc.ca.

You may also consult an attorney or notary. In addition to providing you with legal information relevant to your conflict or situation, an attorney or notary can advise you on what you should do. To find an attorney or notary, contact the referral services of the Barreau or of the Chambre des notaires.

If your address changes, please notify the clerk by regular mail, e-mail or fax. To do so, use the "Notice of Change of Address" form, available at the office of the clerk or on the Website of the ministère de la Justice at www.justice.gouv.qc.ca.

HOW TO FILL OUT YOUR RESPONSE FORM

- If you choose to pay the claim, fill out section 1 of this form.
- If you choose to settle, fill out section 2 of this form with the plaintiff.
- If you decide to contest, you must fill out section 3.1 of this form.

You may also, as applicable:

- apply for referral, by filling out section 3.2 of this form.
- implead another party, by filling out section 3.3 of this form.
- file a cross demand, by filling out section 3.4 of this form.

PAYMENT OF AMOUNT CLAIMED OR COSTS

The amount claimed or the costs for the contestation or cross demand must be paid to the clerk at the same time you file your response, in one of the following ways:

- By mail: by certified cheque or by postal or bank money order made out to the Minister of Finance.
- In person at the courthouse indicated below: in cash, by debit or credit card, by certified cheque or by postal or bank money order made out to the Minister of Finance.

If you fail to pay the costs for the contestation or cross demand, your application will not be admissible and judgment may be rendered against you without further notice or extension.

If you receive last resort financial assistance, you do not have to pay the costs for the contestation or cross demand, provided you submit a copy of the document showing your eligibility for that program.

SENDING DOCUMENTS AND PAYMENT OF COSTS

You must submit your form and pay any costs in person at or, by mail to, the courthouse below.

<p style="text-align: center;">ADRESSE DU PALAIS DE JUSTICE Greffier de la division des petites créances</p> <p>Téléphone : Télécopieur : Courriel :</p>
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IT IS IMPORTANT THAT THE “CONTACT INFORMATION FOR THE DEFENDANT” SECTION ON THE LAST PAGE OF THE FORM BE FILLED OUT AND SENT TO THE CLERK

Plaintiff

Defendant

SECTION 1: PAYMENT OF THE CLAIM

I PAID THE PLAINTIFF

Select this option if, after receiving the action, you paid the Plaintiff's claim.

Please attach proof of payment or the acquittance obtained from the Plaintiff to this form.

I paid **directly** to the Plaintiff the whole of the amount claimed, including costs, that is,
\$_____.

At _____

on _____

Defendant

I WANT TO PAY THE PLAINTIFF

Select this option if you are not contesting the action.

PAYMENT AT THE OFFICE OF THE CLERK

The amount claimed, including costs, that is, \$_____.

PAYMENT MAILED TO THE CLERK

I have enclosed the whole of the amount claimed, including costs, that is, \$_____.

At _____

on _____

Defendant

Plaintiff

Defendant

SECTION 2: SETTLEMENT

The parties agree to settle the dispute in the following manner:

The Defendant will pay the Plaintiff \$ _____ under the following terms and conditions:

- number of payments: _____
- amount of each payment: \$ _____
- date of first payment: _____
- frequency (weekly or other): _____

Other terms and conditions:

At _____

At _____

on _____

on _____

Defendant

Plaintiff

APPLICATION FOR CONFIRMATION

Either party may ask the clerk to confirm the settlement as a judgment.

I am applying for confirmation of the settlement.

At _____

At _____

on _____

on _____

Defendant

Plaintiff

CONFIRMATION (For use by the clerk only)

I confirm the settlement reached between the parties and order them to comply with it.

At _____

on _____

Signature of the clerk of the Court of Québec

Plaintiff

Defendant

SECTION 3 : CONTESTATION

SECTION 3.1 CONTESTATION

To find out the costs for a contestation, refer to the Website of the ministère de la Justice, at www.justice.gouv.qc.ca, or contact the Small Claims Division clerk.

If you fail to pay the costs, your contestation will not be admissible.

Indicate the grounds for your contestation of the action, whether you are contesting the facts invoked in the action or the amount claimed.

I am contesting the merits of the action, on the following grounds:

I have attached the following exhibits as evidence :

D-1 _____ D- _____
D- _____ D- _____

Keep a copy of each exhibit you filed for reference purposes during the hearing.

WITNESSES: If you have witnesses, please fill out the list of witnesses on the second last page of this form.

At _____ on _____

Signature of Defendant

Plaintiff

Defendant

SECTION 3.2 APPLICATION FOR REFERRAL

I am applying for referral of the case to the courthouse
(choose only one courthouse)

for the place where I live, that is, the courthouse of: _____

for the place where the events occurred, that is, the courthouse
of: _____

for the place where the contract was entered into, that is, the courthouse
of: _____

State any other grounds supporting your application for referral:

The Plaintiff will be informed of your application for referral and may oppose it.

The clerk will contact you and indicate whether your application was accepted by a judge.

At _____

on _____

Signature of Defendant

Plaintiff

Defendant

SECTION 3.4 CROSS DEMAND

In this section, you may claim a sum of money from the Plaintiff, provided your cross demand is related to the action against you. Your claim must not exceed \$ 15 000.

The grounds, facts and arguments supporting my cross demand against the Plaintiff are as follows:

I am claiming: \$ _____.

In addition to the amount claimed above, I am claiming:

interest at the legal rate of 5 % or at the rate of _____%,

the additional indemnity provided for in article 1619 of the *Civil Code of Québec*,

court costs related to this cross demand,

a joint or solidary condemnation against the persons I am suing.

I have attached the following exhibits as evidence :

D-1 _____ D- _____
D- _____ D- _____

**Fill out the "Oath" section on the next page.
Keep a copy of each exhibit you filed for reference purposes
during the hearing.**

At _____ on _____

Defendant

Plaintiff

Defendant

OATH

I, the undersigned, _____, declare under oath that:

1. I am the Defendant or the latter's mandatary.
or
 I represent the Defendant in my capacity as:
 officer.
 person bound exclusively to the Defendant under a contract of employment.
2. The sum claimed is due and payable.
3. All the facts alleged herein are true.

And I have signed

At _____
on _____

Defendant or mandatary

Sworn before me

At _____
on _____

Clerk or Commissioner for oaths

To find out the costs for filing a cross demand against the Plaintiff, refer to the Website of the ministère de la Justice, at www.justice.gouv.qc.ca, or contact the Small Claims Division clerk.

Plaintiff

Defendant

MEDIATION BY THE SMALL CLAIMS DIVISION

You are involved in a dispute and the Plaintiff wishes to submit it to the Service de médiation of the Small Claims Division. If you choose to contest the merits of the principal action, you may use the mediation service of the Small Claims Division; this service is at no extra cost, as you pay only for the contestation. You are free to accept or refuse mediation.

However, should you choose to resolve the dispute in this way, you should know:

- Accepting mediation does not mean an acknowledgement of responsibility on your part.
- The mediation session is private and without formalities, making it easier for participants to express themselves.
- The parties are summoned to appear before a mediator (attorney or notary), at a time that is convenient for the parties, for about an hour.
- The mediator hears each of the parties and provides them with legal information with regard to their situation. He or she will suggest possible leads in order to encourage a settlement of the dispute.
- When a settlement cannot be reached, the mediator writes and signs a report summarizing the parties' positions.

I AGREE to submit this dispute to the Service de médiation of the Small Claims Division.

At _____

on _____

Defendant

Plaintiff

Defendant

SECTION 3.3 IMPLEADED PARTY

The impleaded party is a person who has some responsibility in the claim against you and who could be condemned to compensate you for any condemnation against you.

I wish to implead another party (person or organization that is not a witness or expert witness) to permit a complete resolution of the dispute, on the following grounds:

Indicate the name and address of each person impleaded:

The Plaintiff and the person you wish to implead will be informed of your action and will receive all documents.

You must demonstrate why you have reason to implead the person, by providing the necessary documents and additional evidence.

At _____

On _____

Signature of Defendant

Plaintiff

Defendant

LIST OF WITNESSES OR EXPERT WITNESSES TO BE SUMMONED BY THE CLERK

Your witnesses are persons who will appear before the Court to state what they have seen and heard, in order to prove the facts showing that you have reason to contest the action.

You do not have to indicate the names of the persons who agreed to appear before the Court on your behalf and who are readily available. This list makes it possible to ensure that the persons who would not appear if they were not obliged to do so or who might not be readily available are present.

The clerk will officially summon those persons to appear before the Court on the date on which the action is to be heard.

You may modify your list of witnesses by using the form available on the Website of the ministère de la Justice.

Name: _____ Address: _____ Municipality: _____ Province: _____ Postal code: _____	Name: _____ Address: _____ Municipality: _____ Province: _____ Postal code: _____
Name: _____ Address: _____ Municipality: _____ Province: _____ Postal code: _____	Name: _____ Address: _____ Municipality: _____ Province: _____ Postal code: _____

Plaintiff

Defendant

CONTACT INFORMATION FOR THE DEFENDANT

TO BE KEPT IN THE RECORD

Name:	_____
Address:	_____ _____ _____
Postal code:	_____
Home phone number:	_____
Office phone number:	_____
Fax:	_____
Email:	_____

Name:	_____
Address:	_____ _____ _____
Postal code:	_____
Home phone number:	_____
Office phone number:	_____
Fax:	_____
Email:	_____