IN THE SMALL CLAIMS COURT OF NEW BRUNSWICK

JUDICIAL DISTRICT OF _____

BETWEEN:

and

Claimant(s)

Defendant(s)

AFFIDAVIT TO SET ASIDE DEFAULT JUDGMENT OR INTERIM JUDGMENT (FORM 8)

I,	, defendant, of	in
the County of	of and Province of	,
(check only o	one)	
□ MAKE O	DATH	
or		
□ SOLEMN	NLY AFFIRM	
AND SAY 7	THAT:	
1. I am the	e defendant and I am requesting an order to set aside a judgment entered on	
	(day/month/ye	ear)
2. The reas	sons for requesting the setting aside of the judgment are as follows:	
a. (check or	nly one)	
🗆 I d	did not receive a copy of the Claim.	
or		
🗆 I re	received a copy of the Claim on	
	(day/month/year)	

b. I became aware of the default/interim judgment on _____

(day/month/year)

c. I failed to defend the claim because

 \Box Additional pages are attached because more room is needed.

d. I believe I have a valid defence to the claim on the following grounds:

 \Box Additional pages are attached because more room is needed.

3. My address is

(mailing address)

(city, town, village)

(province)

(postal code)

Indicate residential address if different from above:

Telephone	(work)	
	_(home)	
Fax number		
E-mail address		
SWORN TO (or SOLEMNLY AFFIRMED)		
before me		
at	,	
in the County of	,	
and Province of	,	
this day of	,	
20		
A Commissioner of Oaths /		
A Notary Public (<i>if outside</i> New Brunswick)		

Signature of Defendant

NOTE :

You must attach a completed Response (Form 2) to this affidavit and serve all parties with a copy of the application, affidavit and completed response at least 10 days before the application is to be heard.