

Small Claim No. _____

IN THE SMALL CLAIMS COURT OF NEW BRUNSWICK
JUDICIAL DISTRICT OF _____

BETWEEN:

Claimant(s)

and

Defendant(s)

**AFFIDAVIT OF SERVICE
(FORM 20)**

Fill in:

your name and address

I, _____, of
the _____ of _____, County
of _____, Province of _____,
make oath (*or* solemnly affirm) and say that

the name of the party or other person served
the date service took place

I served _____ on

(day) (month) (year)

the address or location where service took place

at _____

with a copy of the attached document marked "A"

Tell how the service took place by filling in the
blank, if any, and checking the appropriate box for:

an individual, with no disability

- ☐ by leaving a copy of it with him or her
- ☐ by mailing a copy of it by prepaid registered mail or pre-paid courier to him or her and obtaining a copy of the acknowledgement receipt card, post office receipt, courier receipt or any other form of acknowledgement of receipt displaying a photocopy of the defendant's signature, a copy of which is attached and marked "B"

a corporation

- ☐ by leaving a copy at his or her place of residence, with a person who appeared to be an adult occupant of the dwelling, and on the same or next day sending another copy of the document by ordinary mail, addressed to the person to be served, at his or her place of residence
- ☐ by leaving a copy of it with _____ (*name of person*) director or officer of the corporation
- ☐ by leaving a copy of it with _____ (*name of person*) a person at a place of business of the corporation who appears to manage or control the business at that place
- ☐ by leaving a copy of it with _____ (*name of person*) a receptionist who works at a place of business of the corporation
- ☐ by leaving a copy of it at the registered office of the corporation
- ☐ by sending a copy of it by prepaid registered mail or prepaid courier to the registered office of the corporation and obtaining a copy of the acknowledgement receipt card, post office receipt, courier receipt or any other form of acknowledgement of receipt displaying a photocopy of the signature of a person authorized to accept service, a copy of which is attached and marked "B"
- ☐ in the case of an extra-provincial corporation, by sending a copy of it by prepaid registered mail or prepaid courier to the address of the attorney for service of the corporation and obtaining a copy of the acknowledgement receipt card, post office receipt, courier receipt or any other form of acknowledgement of receipt displaying a photocopy of the attorney's signature, a copy of which is attached and marked "B"

a partnership

- ☐ by leaving a copy of it with _____ (*name of person*) a partner
- ☐ by leaving a copy of it with _____ (*name of person*) a person at a place of business of the partnership who appears to control or manage the business at that place
- ☐ by leaving a copy of it with _____ (*name of person*) a receptionist who works at a place of business of the partnership

a person who resides outside New Brunswick and who carries on business in New Brunswick

a sole proprietorship, a municipality, a rural community, an unincorporated association, the Crown in right of the Province or the Crown in right of Canada, a deceased person, a person declared mentally incompetent, etc.

- ☐ by sending a copy of it by prepaid registered mail or prepaid courier to _____ (*name of person*) a partner and obtaining a copy of the acknowledgement receipt card, post office receipt, courier receipt or any other form of acknowledgement of receipt displaying a photocopy of a partner's signature, a copy of which is attached and marked "B"
- ☐ by leaving a copy of it with _____ (*name of person*) a person carrying on business for that person in New Brunswick
- ☐ (*See section 50 of the General Regulation - Small Claims Act and describe the manner of service or, if service was done under an order of the court, fill in any instructions given by the Hearing Officer.*)

SWORN TO (or SOLEMNLY AFFIRMED)

at _____,

_____,

in the County of _____,

and Province of _____,

this ____ day of _____,

20____ before me.

A Commissioner of Oaths /
A Notary Public (*if outside*
New Brunswick)

Signature of person who served the document