Certificate of Readiness

date

In the Provincial Court of British Columbia (Small Claims Court)

REGISTRY LOCATION

REGISTRY FILE NUMBER

In the case between Fill in the names of the CLAIMANT(S) parties, copying them NAME from the Notice of Claim or Notice of Civil Resolution Tribunal and Claim and Third Party Notice, if applicable. **DEFENDANT(S)** NAME and THIRD PARTY(IES) NAME FROM: **CLAIMANT** Fill in the name of the NAME claimant who is filing the certificate. I am claiming damages for personal injuries and am ready to discuss settlement of my entire claim. I attach all medical reports and all records of expenses or losses incurred or expected. Fill in the date and

sign, print or type the

claimant's name.

sign, print or type name of claimant

defendant copy

Certificate of Readiness In the Provincial Court of British Columbia (Small Claims Court)

REGISTRY FILE NUMBER	
REGISTRY LOCATION	

	in the case b	etween			
	NAME			CL	AIMANT(S)
	and				
				DEF	ENDANT(S)
	NAME				
	and				
				THIRD	PARTY(IES)
	NAME				
FROM:					CLAIMANT
	NAME				
	I am claimi entire clain		injuries ar	nd am ready to discuss settlement of my	/
	l attach all	medical reports and all re	cords of e	expenses or losses incurred or expected	d.
		date		sign, print or type name of claimant	

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	In the case between			
				CLAIMANT(S)
	NAME			
	and			
			DE	FENDANT(S)
	NAME			
	and			
			THIRI	PARTY(IES)
	NAME			
FROM:				CLAIMANT
i itom.	NAME			CLAIMANT
	I am claiming damages for entire claim.	r personal injuries a	and am ready to discuss settlement of i	ny
	I attach all medical reports	and all records of	expenses or losses incurred or expect	ed.
				7
	date		sign, print or type name of claimant	

Certificate of Readiness In the Provincial Court of British Columbia (Small Claims Court)

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	In the case betw	veen .			_	
	NAME				C	_AIMANT(S)
	and	SERV	/ICE	COPY		
	NAME				DEF	ENDANT(S)
	and					
	NAME				THIRD	PARTY(IES)
FROM:						CLAIMANT
	NAME					OLAMANI
	I am claiming of entire claim.	damages for personal ir	njuries and	d am ready to discuss	s settlement of m	у
	l attach all med	dical reports and all rec	ords of ex	penses or losses inc	urred or expecte	d.
						1
		date		sign, print or type nam	e of claimant	

SERVICE COPY

CERTIFICATE OF SERVICE

	C	ERTIFICATE OF SERVICE	REGISTP	Y FILE NUMBER		
Fill in:	l c	ertify that	REGISTF	Y LOCATION		
Who served the document(s)?	I,					
the name of the party served;		ved				
When were the document(s) served?	on	Day/Month/Year				
Where were the document(s) served? at Street address or location, city, province						
	wit	h				
LIST and ATTACH ALL document(s) that you served.	***	'' <u></u>				
Serveu.						
Tell how service took place by checking appropriate box(es) for:	by					
an individual;		☐ Leaving a copy of it with him or her.☐ Mailing a copy of it by registered mail to him or her.				
a company as defined		☐ Mailing a copy of it by registered mail to the registered office of the company.				
in the Business Corporations Act;		□ Leaving a copy of it□ at the registered office of the company□ at the place of business of the company, with a receptionist or a person w	vho appea	rs to		
		manage or control the company's business there				
		☐ with a director, officer, liquidator, trustee in bankruptcy or receiver manager of	tne compa	any. 		
Insurance Corporation of BC (ICBC);		☐ Mailing a copy of it by registered mail to the legal department at the Insurance Corporation of Britis☐ Leaving a copy of it at the legal department at the Insurance Corporation of British Columbia (ICBC		ia (ICBC).		
an extraprovincial compar		☐ Mailing a copy of it by registered mail to the attorney shown in the corporate registry.				
as defined in the Busines. Corporations Act;	S	 ☐ Leaving a copy of it with the attorney shown in the corporate registry. ☐ Leaving a copy of it at the head office shown in the corporate registry if that head office is in British 	Columbia			
		☐ Mailing a copy of it by registered mail to the head office shown in the corporate registry if that head office				
a partnership;	partnership; Mailing a copy of it by registered mail to a partner. Leaving a copy of it with a partner at the place of business of the partnership, with a person who appears to manage or control the partnership business there					
		☐ with a receptionist who works at a place of business of the partnership.				
a municipal corporation, regional district or other local government body;						
a young person;		☐ Leaving a copy of the notice with the defendant's mother, father or guardian.				
a society within the meaning of the Societies Act; ☐ Mailing a copy of it by registered mail to the mailing address of the society's registered office on file with the Registrar of Companies ☐ Leaving a copy of it ☐ at the delivery address of the society's registered office on file with the Registrar of Companies ☐ with a director, officer, receiver manager or liquidator of the society.						
A corporation incorporated butside British Columbia if tis not an extraprovincial company; Mailing a copy of it by registered mail to a place of business or registered office of the corporation outside British Columbia with a receptionist or a person who appears to manage or control the corporation's business with a director, officer, liquidator, trustee in bankruptcy or receiver manager of the corporation.				ia with a ess		
ordinary mail (and fill in the date mailed);	' ' ' Ulailliu a copy of it by ofditally fifall to that befores address off			erved (above) is		
		☐ (Indicate other service method or instructions given by a judge or registrar for service.)				
OTHER SERVICE method or alternate method ordered						
by the Court.						
	NOTE: You must give proof of service by <i>REGISTERED MAIL</i> by attaching <u>one</u> of the following: 1. a copy, produced by fax or otherwise, of the signature obtained by Canada Post at the time the document was delive 2. a print-out of the delivery confirmation made available on the Internet by Canada Post (http://www.canadapost.c					
FORM 4 SCL 004F 03/2017		signature of person who served the document date				

claimant copy

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	In the case between	
		CLAIMANT(S
	NAME	
	and	
		DEFENDANT(S
	NAME	
	and	
		THIRD PARTY(IE:
	NAME	·
FROM:		CLAIMAN
	NAME	OLAIMAN
	I am claiming damages for person entire claim.	nal injuries and am ready to discuss settlement of my
	I attach all medical reports and all	Il records of expenses or losses incurred or expected.
	date	sign, print or type name of claimant