

CERTIFICATE OF COMPLIANCE

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER
REGISTRY LOCATION

In the case between:

Fill in the registry file number shown on the Notice of Civil Resolution Tribunal Claim.

_____ CLAIMANT(S)

and

Fill in the names of the parties, copying them from the Notice of Civil Resolution Tribunal Claim.

_____ DEFENDANT(S)

FROM:
Fill in the name, address and telephone number of the filing party(ies).

NAME _____ FILING PARTY(IES)

ADDRESS _____

CITY, TOWN, MUNICIPALITY _____ TEL. # _____

PROV. _____ POSTAL CODE _____

I/WE, _____, CERTIFY THAT:

NOTE: Each party seeking compensation for a personal injury must complete a separate form.

Check all applicable boxes.

- The Notice of Civil Resolution Tribunal Claim has been served on all other parties, proof of service has been filed, and the time limit for responding (if applicable) has passed.
- A party has filed a reply or a response under section 7 of the *Civil Resolution Tribunal Act*.
- An application for deposit [select one of the following]
 - has not been filed by any party and the time period to file an application has passed.
 - was dismissed.
 - was granted and the deposit, or all due installments, has been made in accordance with the order.

Check one of the following, as applicable.

- I/We are NOT claiming damages for personal injuries and are ready to proceed to a settlement conference/trial conference.**
- I am claiming damages for personal injuries and am ready to proceed to a settlement conference/trial conference.**
I have attached all medical reports and all records of expenses or losses incurred or expected.
[Attach a copy of all records to each copy of the form]

Fill in the date and sign here. Type or print the name of the filing party(ies).

Date

Sign, print or type name of Filing Party(ies)

Name of Filing Party(ies)

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