

**Consent to Act as Litigation Guardian  
and Certificate of Fitness**  
IN THE PROVINCIAL COURT OF BRITISH COLUMBIA  
(Small Claims Court)

REGISTRY FILE NUMBER

REGISTRY LOCATION

**BETWEEN:**

NAME

**CLAIMANT**

**AND**

NAME

**DEFENDANT**

I, \_\_\_\_\_  
Name

of \_\_\_\_\_  
Address

make oath and say or solemnly affirm as follows:

1. THAT I am ☐ Father ☐ Mother ☐ Legal Guardian ☐ An adult willing to act as the litigation guardian of the claimant in this action.
2. THAT the claimant is an infant.
3. THAT I have no interest in the matters in question in this action adverse to that of the said infant.
4. THAT I am of the age of majority, and reside in the province of British Columbia.
5. THAT I am a fit and proper person to be litigation guardian of the said infant Claimant.
6. THAT I agree to assist the infant in this action.

SWORN/AFFIRMED before me

at \_\_\_\_\_  
LOCATION  
in the Province of British Columbia

on \_\_\_\_\_  
DATE

Signature of Litigation Guardian

\_\_\_\_\_  
Signature of a Commissioner for taking Affidavits within  
the Province of British Columbia

**IN THE PROVINCIAL COURT OF BRITISH COLUMBIA  
(Small Claims Court)**

REGISTRY FILE NUMBER
REGISTRY LOCATION

**BETWEEN:**

**CLAIMANT**

**AND**

**DEFENDANT**

**AFFIDAVIT OF ATTAINMENT OF MAJORITY**

I, \_\_\_\_\_, \_\_\_\_\_ , \_\_\_\_\_ ,  
Name Occupation

of \_\_\_\_\_ ,  
Address

Province of British Columbia, MAKE OATH AND SAY (OR AFFIRM) AS FOLLOWS:

1. I attained the age of majority on \_\_\_\_\_ .  
Date
2. I am under no other legal disability.
3. I intend to act in this action without a litigation guardian.

Sworn/affirmed before me in the City of \_\_\_\_\_ British Columbia

on \_\_\_\_\_  
Date

\_\_\_\_\_  
A Commissioner for taking Affidavits within British Columbia

\_\_\_\_\_  
Deponent