



# SMALL CLAIMS COURT OF YUKON CLAIM

Form No. 1

File No. \_\_\_\_\_

Plaintiff(s): (Name, Telephone Number(s))

1. \_\_\_\_\_

2. \_\_\_\_\_

Defendant(s): (Name, Address, Telephone Number(s))

1. \_\_\_\_\_

2. \_\_\_\_\_

### TO THE DEFENDANT(S):

The plaintiff(s) claim(s) from you \$ \_\_\_\_\_ and costs for the reasons set out below.

**IF YOU DO NOT FILE A REPLY WITHIN TWENTY (20) DAYS (if you reside in Yukon) OR THIRTY (30) DAYS (if you reside out of Yukon) AFTER YOU HAVE RECEIVED THIS CLAIM, JUDGMENT MAY BE ENTERED AGAINST YOU. There is a \$25.00 fee to file a Reply if you disagree with the claim.**

### TYPE OF CLAIM (check one box):

- |   |  |
|---|--|
| <input type="checkbox"/> N.S.F. Cheque          | <input type="checkbox"/> Damage to Property      |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Services Rendered       |
| <input type="checkbox"/> Unpaid Account         | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Loan/Promissory Note   |  |

### REASONS FOR CLAIM AND DETAILS:

(Explain what happened, where and when, and the amount of money involved. Attach any supporting documents and additional pages where necessary.)

### Plaintiff's address for service of further documents is:

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

(optional) e-mail: \_\_\_\_\_

(optional) fax: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Plaintiff

**Whitehorse Court Registry**  
P.O Box 2703  
Whitehorse, YT Y1A 2C6  
Ground floor, Law Courts  
2134 Second Avenue  
Phone (867) 667-5619  
Fax (867) 393-6212

**Dawson City Court Registry**  
P.O. Box 651  
Dawson City, YT Y0B 1G0  
Fifth Avenue and Mission  
(Museum Building)  
Phone (867) 993-5070  
Fax: (867) 993-5311

**Watson Lake Court Registry**  
P.O. Box 192  
Watson Lake, YT Y0B 1C0  
820C Adela Trail  
(Pejest Building)  
Phone (867) 536-7551  
Fax (867) 536-7564