



SUMMONS TO WITNESS

In the Small Claims Tribunal at

CLAIM NO:

To: of
(Name of Witness)

You are required to attend the Small Claims Tribunal to give evidence as a witness in the dispute between;

[Claimant] and

[Respondent]

The hearing will be held at

on the day of at am/ pm and after that at such place and time to which the hearing may be adjourned.

You are required to attend the hearing at the above place and time, and to bring with you and produce at the hearing the following documents:.....

NOTE: A FAILURE TO ANSWER THIS SUMMONS AND TO APPEAR AT THE TRIBUNAL MAY RESULT IN YOU BEING FINED UP TO \$300.00

Dated:

Registrar/Clerk of Tribunal

AFFIDAVIT OF SERVICE

I of
(Name of server) *(Address of server)*

..... make oath and say as follows: -
(Occupation of server)

(1.) That I did on the day of 20..... serve a true copy of abovename Form on
(Day) *(Month)*
..... at am / pm
(Name of Person Served) *(Place Served)* *(Time)*

(2.) That acknowledged receipt by signing hereunder.
(Name of person served)

(3.) OR That refused to sign acknowledgement of receipt.
(Name of person served)

(4.) That is known to me or was identified to me by
(Name of person served) *(Who & where)*

Sworn (or affirmed) before me on the

..... day of

20..... at

.....
(Signature of Server)

(Signature of Justice of the Peace, Commissioner for Oaths, or any other person qualified to take oaths or affirmations)
Before whom this Affidavit is sworn

.....
SIGNATURE OF RECEIVER

.....
Date

.....
Time

NOTE: IT IS A CRIMINAL OFFENCE TO DEPOSE FALSE INFORMATION IN AN AFFIDAVIT