

# Provincial Court of Saskatchewan Civil Division

## Intake Form

Claim # \_\_\_\_\_

### Plaintiff(s)

Name:  
Address:

Name:  
Address:

Phone  
Home:  
Work:                      Cell:

Phone  
Home:  
Work:                      Cell:

### Defendant(s)

Name:  
Address:

Name:  
Address:

Phone:

Phone:

Name:  
Address:

Name:  
Address:

Phone:

Phone:

### For office use only

Contact Person:

Filing Date:

Contact's Phone#:

Payment by:

Mail or Pick up:

Amount:

Date Mailed or Picked up:

Receipt#:

#### Type of claim:

- unpaid account
- contract/ agreement
- motor vehicle accident

- promissory note
- services rendered
- NSF cheque

- damage to property
- lease
- other

#### Proceedings:

Case management required:    **yes**    **no**

Date Assigned to CMC:

Date Assigned to Trial:

Plaintiff Court Packages Provided:

Defendant Court Packages Provided:

Please list the documents filed in support of your claim, in order of date (as is possible).

Date	Name/Description of Document
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Only provide a **copy** of your original documents at the time of filing your claim.