

**FORM SCA 1
SMALL CLAIMS COURT
LETTER OF DEMAND**

FROM:.....

WORK ADDRESS:.....

.....

RESIDENTIAL ADDRESS:.....

.....

TELEPHONE NO.(S) AND E-MAIL.....

TO:.....

WORK ADDRESS

.....

RESIDENTIAL ADDRESS:

.....

.....

TELEPHONE NO.(S) AND E-MAIL:.....

SIR/MADAM

DEMAND:

I hereby claim from you

.....

(PLEASE STATE PARTICULARS)

.....

.....

**Unless you comply with this demand within fourteen (14) days after receipt of this letter,
summons will be issued against you in the Small Claims Court.**

Yours faithfully,

.....

CLAIMANT'S SIGNATURE

FORM SCA 2

**IN THE MAGISTRATE COURT OF EDO STATE (SMALL CLAIMS)
COMPLAINT FORM (TO ACCOMPANY FORM SCA 3)**

NB:

- 1. Please fill the Form legibly.**
- 2. Please attach copies of the documents (contracts, receipts, expert's report (if applicable) etc. upon which the claim is based.**
- 3. Submit this form at the Registry of the Small Claims Court.**

A. PARTICULARS OF CLAIMANT(S)

FULL NAMES:

WORK ADDRESS:.....

.....

RESIDENTIAL ADDRESS:.....

.....

TELEPHONE NO.(S) & E-EMAIL ADDRESS.....

Please attach a list of other Claimant (if more than one) with the required particulars

B. PARTICULARS OF DEFENDANT(S)

FULL NAMES:.....

WORK ADDRESS

.....

RESIDENTIAL ADDRESS:.....

TELEPHONE NO.(S) & E-EMAIL ADDRESS.....

C. PARTICULARS OF CLAIMS(S)

TOTAL SUM CLAIMED:

INTEREST:

COSTS:

OTHERS:

Please attach a list of other Defendant(s) (If more than one) with the required particulars

PLEASE SUMMARIZE YOUR COMPLAINT AND STATE THE STEPS YOU HAVE TAKEN TO RECOVER THE CLAIM.

.....
.....
.....
.....
.....
.....
.....
.....
.....

CLAIMANT'S SIGNATURE

DATE

THUMBPRINT

Sworn to at the Small Claims Court Registry this Day of 20

The foregoing having been read and interpreted by me to the Deponent in Language he being illiterate/Blind and he having appeared perfectly to have understood before affixing his thumb print impression.

JURAT (If applicable)

Commissioner for Oaths.

FORM SCA 3

**IN THE MAGISTRATE COURT OF EDO STATE (SMALL CLAIMS)
SUMMONS (TO BE SERVED WITHIN SEVEN DAYS OF FILING)**

CLAIM NO.....

BETWEEN:

..... **CLAIMANT(S)**

AND

.....

DEFENDANT(S)

The Claimant Claims:

Debt (particulars are attached)

Court Fees:

Costs:

Total: N_____

To:.....

.....

.....

**1. You are hereby summoned to appear personally before this court on the
.....day of 20..... at to admit or deny
your liability for the abovementioned claim.**

**2. If you deny liability or have a counterclaim you are advised to complete
and return Form SCA 4 to the registry of the Small Claims Court within
Seven (7) days after the service of this summons inclusive of the day of
service. If you require longer time for payment, complete the form of
ADMISSION as in Form SCA 4.**

**3(a) Take notice that if you fail to appear in Court on the hearing date after
a summons has been served you, Judgment may be obtained against you by
the CLAIMANT.**

**(b) Money payable in terms of a Judgment or Order of Court may be paid
directly to the Judgment Creditor.**

(c) If you admit the claim and wish to consent to Judgment or wish to undertake to pay the claim in instalments or in full you may approach the claimant.

4. Enforcement

If any person against whom a Judgment for the payment of money has been given or an Order for the payment of money in instalments has been made fails to satisfy the Judgment or Order.

(a) Such judgment or order may be enforced against movables and if the movables are found to be insufficient then against the immovable of the party against whom the Judgment or Order has been issued.

(b) Execution shall be taken against the whole Judgment debt and costs which have not been paid in default of an instalment being paid.

(c) The Judgment Debtor is liable to notify the Judgment Creditor fully and correctly; within 7 days after he has changed his place of work, employment or residence, of his new place of work, employment or residence.

Dated at thisday of 20.....

.....
Registrar

FORM SCA 4

IN THE MAGISTRATE COURT OF EDO STATE (SMALL CLAIMS)

AFFIDAVIT OF NON-SERVICE

CLAIM NO

BETWEEN:

.....
CLAIMANT(S)/APPLICANT(S)

AND

.....
DEFENDANT(S)/RESPONDENT(S)

I,.....

.....

Make Oath and say, that on the **day of**
..... **20****At****O'clock I attempted to serve**
upon.....

Summons for small claims

.....

..... **True copy whereof annexed**

issued out of this court at

..... **I have been unable**
to serve the Summons

Because

.....

.....

.....
.....

Sheriff Corp

SWORN TO AT THE MAGISTRATE COURT OF EDO STATE, (SMALL CLAIMS) REGISTRY

THIS ...DAY 20

FORM SCA 5

IN THE MAGISTRATE COURT OF EDO STATE (SMALL CLAIMS)

**FORM OF ADMISSION, DEFENCE AND COUNTERCLAIM TO
ACCOMPANY FORM SCA 3 (TO BE SERVED ON THE CLAIMANT
WITHIN 7 (SEVEN) DAYS OF SERVICE OF FORM SCA 3)**

Claim No.

BETWEEN:

.....
CLAIMANT(S)

AND

.....
DEFENDANT(S)

(a) ADMISSION

I admit the Claimant's claim (or) part of the Claimant's claim and I ask for permission to pay the sum with costs on that amount on the day of20..... (or by instalments of N.....per.....) because,

- 1.....**
- 2.**
- 3.....**

(State why you cannot pay at once)

b) DEFENCE

I have a defence.

.....
.....
.....
.....

or I dispute part of the Claimant's claim)

.....
.....

because.....

(State briefly the facts you wish to put before the courts)

C) COUNTERCLAIM OR SET OFF.

I have a counter-claim or set-off against the Claimant for

N.....

.....
.....
.....

(State the particulars of the Counterclaim or Set off)

.....
CLAIMANT'S SIGNATURE/ THUMPRINT

.....
DATE

JURAT (If applicable)

The foregoing having been read and interpreted by me to the Deponent in

.....Language

he being illiterate/Blind and he having appeared perfectly to have understood before affixing his thumb print impression.

Commissioner for Oaths

Defendant's address for service in

.....
.....

Dated this day of20
.....

**NB: IF YOU FAIL TO FILE AN ANSWER TO THE CLAIM, YOU WILL
BE HELD TO HAVE ADMITTED THE CLAIM**

FORM SCA 6

IN THE MAGISTRATE COURT OF EDO STATE (SMALL CLAIMS)

AFFIDAVIT OF SERVICE

(PROOF OF SERVICE TO BE FILED WITHIN TWO (2) DAYS OF SERVICE)

CLAIM NO

BETWEEN:

.....

CLAIMANT(S)/APPLICANT(S)

AND

.....

DEFENDANT(S)/RESPONDENT(S)

I,.....

.....

..... **Make Oath and say, that on the day**

of20At O'clock I served upon

..... **Summons for**

small claims

.....

..... **True copy whereof annexed**

issued out of this court at

.....

upon.....

on the complaint

of.....

.....

By delivering the same personally to:.....

.....

before the day I served the summons

..... I did not know

.....personally, but after

he was pointed out to me By

.....

.....asked him if he wasand

he said, he

was.....

Sheriff Corp

SWORN TO AT THE SMALL CLAIMS COURT REGISTRY.

THIS DAY20

FORM SCA 7

IN THE MAGISTRATE COURT OF EDO STATE (SMALL CLAIMS)

IN THE MAGISTERIAL DISTRICT

HOLDEN AT

CLAIM NO

BETWEEN:

.....

CLAIMANT(S)/APPLICANT(S)

AND

.....

DEFENDANT(S)/RESPONDENT(S)

MOTION EX-PARTE

BROUGHT PURSUANT TO ORDER 5 RULE 2 OF THE MAGISTRATE COURT (CIVIL PROCEDURE) RULES, 2019 AND UNDER THE INHERENT JURISDICTION OF THE COURT

TAKE NOTICE that the Honourable Court will be moved on the day of 20, at 9'0 Clock in the forenoon or soon thereafter as the Claimant/Applicant may be heard praying the court for the following:

An Order of the Court granting leave to the Claimant/Applicant to serve the Summons on the Defendant by substituted means, to wit: pasting same at

.....
.....

being the last known address of the Defendant or by any other means of service, as is hereby stated

.....

.....

.....

AND FOR SUCH ORDER OR ORDERS as this Honourable Court may deem fit to make in the circumstances in this claim.

Datedday of..... 20

.....

Claimant's signature

FORM SCA 8

IN THE HIGH COURT EDO STATE

HOLDEN AT

APPEAL NO.

BETWEEN:

.....

APPELLANT(S)

AND

.....

RESPONDENT(S)

NOTICE OF APPEAL

(TO BE FILED WITHIN 14 (FOURTEEN) OF DELIVERY OF THE JUDGMENT)

TAKE NOTICE that the /Appellant(s) being dissatisfied with the decision of the Magistrate Court (Small Claims Court) Magisterial District as contained in the Judgment delivered on the by do hereby appeal to the High Court of Edo State, upon the grounds set out in paragraph 2 and will at the hearing of the Appeal seek the reliefs set out in paragraph 3.

AND the Appellant further states that the names and addresses of the persons who would be directly affected by the appeal are those set out in paragraph 4 of this Notice.

1. PART OF THE DECISION OF THE LOWER COURT COMPLAINED OF:

.....
.....
.....

2. GROUNDS OF APPEAL

(1) The learned Magistrate erred in law when His Worship held that

.....
.....
.....
.....

PARTICULARS OF ERROR

(a).....
.....
.....

(b).....
.....
.....

3. RELIEFS BEING SOUGHT FROM THE HIGH COURT OF EDO STATE

(a) An Order of the Honourable Court

.....

(b)An

Order.....

.....

.....

4. PERSON(S) DIRECTLY AFFECTED BY THE APPEAL

NAMES

ADDRESS

.....

.....

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Dated thisday of 20

.....

APPELLANT'S SIGNATURE

ADDRESS FOR SERVICE:

.....

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