

Record number

Application number

1863 RA
 1863 DD
 1863 D

ADDRESS OF DWELLING IN QUESTION

| | | | | |
|-----|--------|------|--------------|-------------|
| No. | Street | Apt. | Municipality | Postal code |
|-----|--------|------|--------------|-------------|

IDENTIFICATION OF PARTIES

| | | | |
|--------------------|---------------------------------|---------------------------------|--|
| Plaintiff 1 | <input type="checkbox"/> Lessor | <input type="checkbox"/> Lessee | <input type="checkbox"/> Other (specify) |
| Last name | | First name | |
| Plaintiff 2 | <input type="checkbox"/> Lessor | <input type="checkbox"/> Lessee | <input type="checkbox"/> Other (specify) |
| Last name | | First name | |
| Defendant 1 | <input type="checkbox"/> Lessor | <input type="checkbox"/> Lessee | <input type="checkbox"/> Other (specify) |
| Last name | | First name | |
| Defendant 2 | <input type="checkbox"/> Lessor | <input type="checkbox"/> Lessee | <input type="checkbox"/> Other (specify) |
| Last name | | First name | |

Filing date of original application

| | | |
|------|-------|-----|
| Year | Month | Day |
|------|-------|-----|

OBJECT OF THE AMENDMENT

| | | |
|--|----|---|
| <input type="checkbox"/> Damages: | \$ | <input type="checkbox"/> Solidary condemnation of the defendants |
| <input type="checkbox"/> Recovery of rent owing at the time of the lessee's departure: | \$ | <input type="checkbox"/> Interest and additional indemnity provided under the <i>Civil Code of Québec</i> |
| TOTAL | \$ | <input type="checkbox"/> Order to pay costs |

GROUNDS FOR AMENDMENT

| | | | | |
|--|---|--|----------|-----|
| <input type="checkbox"/> The lessee illegally left the dwelling around | Year | Month | Day | |
| <input type="checkbox"/> When the lessee left, the rent was unpaid for the months of | _____ | | | |
| which represents the sum of | \$ | _____ | | |
| <input type="checkbox"/> The dwelling was not re-rented. | <input type="checkbox"/> The dwelling was re-rented as of | Year | Month | Day |
| The lessor suffered the following damages: | | | | |
| <input type="checkbox"/> Equivalent of lost months of rent | \$ | _____ | | |
| <input type="checkbox"/> Advertising costs | \$ | <input type="checkbox"/> Screening costs | \$ _____ | |
| <input type="checkbox"/> Energy costs | \$ | <input type="checkbox"/> Bank costs | \$ _____ | |
| <input type="checkbox"/> Losses and degradation: | _____ | | \$ _____ | |
| <input type="checkbox"/> Other: | _____ | | \$ _____ | |

NOTIFICATION OF THE APPLICATION TO THE OTHER PARTIES

| |
|--|
| <input type="checkbox"/> When it is notified, the application will be accompanied by the exhibits. |
| <input type="checkbox"/> When it is notified, the application will be accompanied by the list of exhibits available on request, at no cost to the other parties. |

Date of filing

| | | |
|------|-------|-----|
| Year | Month | Day |
|------|-------|-----|

| | | | | |
|---------------------------------|---------------------------------------|-----|---------------|-------------|
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Plaintiff(s) | | | |
| Year | Month | Day | Block letters | Signature * |
| Year | Month | Day | Block letters | Signature * |
| Information clerk code | | | | |

*I understand that my application is deemed to have been made under oath.

Appendix for additional information