

STATEMENT OF CLAIM

COURT DETAILS

Court

#Division

#List

Registry

Case number

TITLE OF PROCEEDINGS

[First] plaintiff

[name]

#Second plaintiff #Number of
plaintiffs (if more than two)

[#name #number]

Refer to Party Details at rear for full list of parties]

[First] defendant

[name]

#Second defendant #Number of
defendants (if more than two)

[#name #number]

Refer to Party Details at rear for full list of parties]

FILING DETAILS

Filed for

[name] plaintiff[s]

Contact name and telephone

[name] [telephone]

Contact email

[email address]

TYPE OF CLAIM

[Select type of claim from the list available on the UCPR website www.ucprforms.nsw.gov.au by clicking on the link to Publications, or at any NSW court registry]

[on separate page]

[Note: If the completed RELIEF CLAIMED will fit in the available space appearing after TYPE OF CLAIM on the first page of this form, you may delete the page break, include the RELIEF CLAIMED on the first page and start this page with PLEADINGS AND PARTICULARS.]

RELIEF CLAIMED

1

2

[If you are making a liquidated claim (ie claiming a specific amount of money), include the following information:]

Amount of claim	\$
Interest	\$
Filing fees	\$
Service fees	\$
Solicitors fees	\$
TOTAL	\$

PLEADINGS AND PARTICULARS

1

2

SIGNATURE

I acknowledge that court fees may be payable during these proceedings. These fees may include a hearing allocation fee.

Signature

Capacity [eg authorised officer, role of party]

Date of signature

NOTICE TO DEFENDANT

If you do not file a defence within 28 days of being served with this statement of claim:

- **You will be in default in these proceedings.**
- **The court may enter judgment against you without any further notice to you.**

The judgment may be for the relief claimed in the statement of claim and for the plaintiff's costs of bringing these proceedings. The court may provide third parties with details of any default judgment entered against you.

HOW TO RESPOND

Please read this statement of claim very carefully. If you have any trouble understanding it or require assistance on how to respond to the claim you should get legal advice as soon as possible.

You can get further information about what you need to do to respond to the claim from:

- A legal practitioner.
- LawAccess NSW on 1300 888 529 or at www.lawaccess.nsw.gov.au.
- The court registry for limited procedural information.

You can respond in one of the following ways:

- 1 If you intend to dispute the claim or part of the claim**, by filing a defence and/or making a cross-claim.
- 2 If money is claimed, and you believe you owe the money claimed**, by:
 - Paying the plaintiff all of the money and interest claimed. If you file a notice of payment under UCPR 6.17 further proceedings against you will be stayed unless the court otherwise orders.
 - Filing an acknowledgement of the claim.
 - Applying to the court for further time to pay the claim.
- 3 If money is claimed, and you believe you owe part of the money claimed**, by:
 - Paying the plaintiff that part of the money that is claimed.
 - Filing a defence in relation to the part that you do not believe is owed.

Court forms are available on the UCPR website at www.ucprforms.nsw.gov.au or at any NSW court registry.

REGISTRY ADDRESS

Street address

Postal address

Telephone

[on separate page]

[Do not include the affidavit verifying in Local Court proceedings. Refer to the *Uniform Civil Procedure Rules 2005* for other circumstances where affidavit not required.]

#AFFIDAVIT VERIFYING

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1 #I am the [first] plaintiff.

#I am [give details of the capacity of the person making the affidavit and the facts that qualify the person to make the affidavit].

2 I believe that the allegations of fact in the statement of claim are true.

#SWORN #AFFIRMED at

Signature of deponent

Name of witness

Address of witness

Capacity of witness

[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

1 #I saw the face of the deponent. [OR, delete whichever option is inapplicable]

#I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.*

2 #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]

#I have confirmed the deponent's identity using the following identification document:

Identification document relied on (may be original or certified copy) †

Signature of witness

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

[* The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

[†"Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011.]

[on separate page]

#PARTY DETAILS

[Include only if more than two plaintiffs and/or more than two defendants.]

PARTIES TO THE PROCEEDINGS**Plaintiff[s]****Defendant[s]**

[name] [role of party eg first plaintiff]

[name] [role of party eg first defendant]

[repeat as required for each additional plaintiff]

[repeat as required for each additional defendant]

FURTHER DETAILS ABOUT PLAINTIFF[S]**[First] plaintiff**

Name

Address

#[unit/level number] #[building name]

[The filing party must give the party's address.]

[street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

#[country (if not Australia)]

#Frequent user identifier

[include if the plaintiff is a registered frequent user]

[repeat the above information as required for the second and each additional plaintiff]

Contact details for plaintiff[s] acting in person or by authorised officer

#Name of authorised officer

#Capacity to act for plaintiff[s]

Address for service

#as above

[The filing party must give an address for service This must be an address in NSW unless the exceptions listed in UCPR 4.5(3) apply. State "as above" if the filing party's address for service is the same as the filing party's address stated above.]

#[unit/level number] #[building name]

[street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

Telephone

#Fax

Email

DETAILS ABOUT DEFENDANT[S]**[First] defendant**

Name

Address

#[unit/level number] #[building name]

[street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

#[country (if not Australia)]

[repeat the above information as required for the second and each additional defendant]