DEFENCE

COURT DETAILS

Court

#Division

#List

Registry

Case number

TITLE OF PROCEEDINGS

[First] plaintiff	**[name]**
#Second plaintiff #Number of plaintiffs (if more than two)	
[First] defendant	**[name]**
#Second defendant #Number of defendants (if more than two)	

FILING DETAILS

Filed for	**[name]** [role of party eg defendant]
#Filed in relation to	[eg plaintiff's claim, (number) cross-claim]
	[include only if form to be eFiled]
Contact name and telephone	[name] [telephone]
Contact email	[email]

HEARING DETAILS

If the proceedings do not already have a listing date, they are to be listed at [time, date and place to be inserted by the registry]

PLEADINGS AND PARTICULARS

1

2

SIGNATURE

Signature

| Capacity | [eg authorised officer, role of party] |

Date of signature

[on separate page]

[Do not include the affidavit verifying in Local Court proceedings. See Guide to preparing documents for other circumstances where affidavit not required.]

#AFFIDAVIT VERIFYING

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1   #I am the [first] defendant.

      #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 contained in the defence are true.

3   I believe that the allegations of fact that are denied in the defence are untrue.

4   After reasonable inquiry, I do not know whether or not the allegations of fact that are not admitted in the defence 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]

[Do not include this section if you have previously given this information to the court in these proceedings.]

#FURTHER DETAILS ABOUT FILING PARTY

Filing party

Name

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

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

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

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

#[country (if not Australia)]

#Frequent user identifier

[include if the filing party is a registered frequent user]

Contact details for filing party acting in person or by authorised officer

#Name of authorised officer

#Capacity to act for filing party

Address for service
[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.]

#as above

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

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

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

Telephone

#Fax

Email