

NOTICE OF MOTION TO PAY BY INSTALMENTS - INDIVIDUAL

COURT DETAILS

Court [Write 'Local Court'](#)
#Division [Write 'Small Claims Division'](#)
#List [Delete or leave blank](#)
Registry [Write court where statement of claim was filed](#)
Case number [Write case number from statement of claim](#)

TITLE OF PROCEEDINGS [This section should be completed with the same details as in the 'TITLE OF PROCEEDINGS' section of the statement of claim form.](#)

[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

Person seeking orders [\[your name\]](#) [role of party eg defendant] [Write your name, then 'defendant \(judgment debtor\)'](#)

#Filed in relation to [\[eg plaintiff's claim, \(number\) cross-claim\]](#)
[include only if form to be eFiled] [Delete or leave blank](#)

#Legal representative [\[solicitor on record\] \[firm\] Delete or leave blank](#)

#Legal representative reference [\[reference number\] Delete or leave blank](#)

Contact name and telephone [\[name\] \[telephone\] Write your name and telephone number](#)

Contact email [\[email address\] Write your email address](#)

PERSON AFFECTED BY ORDERS SOUGHT

[\[name\]](#) [role of party eg plaintiff] ([judgment creditor](#)) [Write the plaintiff's name, then 'plaintiff \(judgment creditor\)'](#)

HEARING DETAILS

This motion is to be dealt with in the absence of the parties.

COURT USE ONLY

Application granted/refused

If refused, state reason

Signature of registrar

Date

[on separate page]

ORDERS SOUGHT

The judgment debt be paid by the judgment debtor to the judgment creditor, by instalments on the following terms:

Amount	\$ Write the amount you would like to pay in each instalment
Frequency	[#weekly #fortnightly #monthly] Choose how often you want to pay the instalment, and delete the other options
First payment	[date] Write the date when you will make the first payment

SIGNATURE

#Signature of legal representative Delete or leave blank

#Signature of or on behalf of party Sign in this space once you have completed the form if not legally represented

Capacity	[eg solicitor, authorised officer, role of party] Write 'Judgment debtor'
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Date of signature	Write the date you signed the document
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AFFIDAVIT

Name	Write your name
Address	Write your address
Occupation	Write your occupation
Date	Write the date you signed this document

I [#say on oath #affirm] delete either 'say on oath' or 'affirm':

- 1 I am the [role of party] write 'judgment debtor'.
- 2 I believe that the information about my present income, assets and liabilities contained in the financial statement that is annexed to this affidavit is true.

Financial Statement

[Add extra lines, if necessary, so that all details of income, assets and liabilities are disclosed.]

INCOME (weekly unless otherwise stated) Write your income amounts or NIL next to \$

Your average weekly income after tax from salary or wages	\$
Social security benefits/pensions (include family payments etc)	\$
All other income (eg self-employed income, interest, dividends, rent or trust distributions)	\$
TOTAL	\$	Add up the amounts and write the total

PROPERTY OWNED BY YOU Write the value of your assets and property or NIL next to \$

Home	\$	
Other property	\$	
Funds in banks/financial institutions, including funds held in off-set accounts	\$	
Investments	\$	
Motor vehicle	\$	
Household contents	\$	
Other personal property	\$	
TOTAL VALUE OF PROPERTY OWNED BY YOU	\$	Add up the amounts and write the total

LIABILITIES

Estimated weekly basic living expenses (eg food, household supplies, utilities, rent, weekly payments on liabilities listed below) \$ Write the total of your weekly basic living expenses

OTHER LIABILITIES	NAME OF BANK/INSTITUTION	TOTAL AMOUNT OWED
Home mortgage	Write the name of your bank	\$ Write the amount owed
Other loans		\$
Credit cards		\$
Other liabilities (specify)		\$
TOTAL		\$Add up your liabilities and write the total

Does anyone contribute to paying these liabilities (eg your spouse/partner)? Yes No

If yes, give the person's details: If someone else contributes to paying your liabilities, write their name and the amount they contribute per week

Name of person	
Amount of contribution per week	

Do you have any dependants? [Complete if you support a partner and/or children](#)

Yes No

If yes, give details:

This is the annexure referred to in the affidavit of [name] [#sworn #affirmed] before me on [date].

[Your witness needs to sign](#)

Signature of witness

[on separate page]

JUDGMENT DEBTOR'S DETAILS

Name	Write your name
Address	Write your address #[unit/level number] #[building name] [street number] [street name] [street type] [suburb/city] [state/territory] [postcode]
#Telephone	Write your telephone number
#Fax	Write your fax number
#Email	Write your email address