

NOTICE OF MOTION DEFAULT JUDGMENT FOR LIQUIDATED CLAIM

COURT DETAILS

Court	Write 'Local Court'
#Division	Write 'Small Claims Division'
#List	Delete or leave blank
Registry	Write the location of the court where you filed the statement of claim
Case number	Write the case number from your 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

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

[First] defendant

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

FILING DETAILS

Person seeking orders	Write your name, then 'plaintiff'
#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	Write your name and your telephone number
Contact email	Write your email address (if you have an email address that can be used to contact you)

PERSON AFFECTED BY ORDERS SOUGHT

[name] [role of party eg defendant]

Write the name of the defendant and then the word 'defendant' eg 'Mark Jacobs, defendant'
(If there is more than one defendant, write each name and whether they are the first defendant,
second defendant eg: 'ABC Pty Ltd, second defendant')

[repeat for each additional defendant/cross-defendant default judgment sought against]

HEARING DETAILS You do not need to fill in anything in this section

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

ORDERS SOUGHT

1. Judgment for the plaintiff against the write 'defendant' (or defendants, if more than one),
for \$(write the total amount of debt, interest and fees).
2. The write 'defendant' (or defendants, if more than one), pay the plaintiff's costs.

SIGNATURE

- | | |
|---|---|
| #Signature of legal representative | Delete or leave blank |
| #Signature of or on behalf of
party if not legally represented | Sign in this space when you have completed the form |
| Capacity | Write 'Plaintiff' |
| Date of signature | Write the date you signed the form |

[on separate page]

AFFIDAVIT

Name Write your name.
Address Write your address.
Occupation Write your occupation (if you are not working you can write unemployed, home duties, retired, or pensioner)
Date Write the date you signed the affidavit.

I [#say on oath #affirm]: For more information on oaths and affirmations, see Affidavits.

1 #I am the plaintiff. (or write 'I am the first etc. plaintiff' if there is more than one)

OR

#I am [give details of the capacity of the person making the affidavit and the facts that qualify the person to make the affidavit]. Use this option if the plaintiff is a company or incorporated association. You should state your connection to the company or incorporated association. For example, you can write 'I am a [Director/Chief Executive Officer/Secretary/Public Officer] of [name of company/incorporated association]. I have knowledge of the affairs of [name of company/incorporated association]'.

2 The source of my knowledge of the matters contained in this affidavit concerning the debt is You need to explain the source of your knowledge about the case. If you are the plaintiff you can write 'I am the plaintiff'. If you are an authorised officer of a company you can write 'I have control over, or access to, the plaintiff's business and financial records'.

3 The statement of claim was served on the [#first] delete if only one defendant defendant [specify mode of service (eg #personally #by post #by the registry by post #in accordance with the order for substituted service)] delete options that do not apply] on [write the date of service] [#The source of my knowledge is the affidavit of service of (name and date).] (write the name of the person who served the statement of claim and the date of their affidavit of service). Delete this sentence if you used postal service by the court.]

[repeat for each additional defendant/cross-defendant default judgment sought against]

4 The amount owing to the plaintiff at the time of commencement of the proceedings in respect of the cause of action for which the proceedings were commenced was \$ [write the amount of debt at time you filed statement of claim, not including fees and interest].

5 #Since the commencement of the proceedings, no payments have been received or credits accrued to reduce the amount of the claim. (Delete if any payments have been made since statement of claim filed) OR

#Since the commencement of the proceedings, payments have been made or credits have accrued to the amount of \$[write the total of any payments made since statement of claim filed], which have reduced the amount of the claim to \$[write the total amount of claim including fees and interest minus total of any payments made since statement of claim filed]. (Delete if no payments have been made since statement of claim was filed.)

6 The amount owing to the plaintiff and amounts claimed for [# interest delete if no interest being claimed] costs as at the date of swearing this affidavit [#taking into account payments made or credits accrued] delete if no payments made since filing statement of claim] are:

Current amount owing	\$Write the amount of the debt still owing
Interest claimed at [rate, eg the prescribed rate under UCPR 6.12(8), (rate)% under the contract] delete whichever interest calculation doesn't apply	\$ Write the amount of interest claimed up to date of signing this affidavit
Filing fees	\$ Write the filing fee as set out on statement of claim
Service fees	\$ Write service fee as set out on statement of claim
Solicitors fees	\$ Leave blank
TOTAL	\$ Add up the amounts and write the total

#SWORN #AFFIRMED at	Write the town/suburb where affidavit signed
Signature of deponent	Once you complete this affidavit you need to sign in front of a solicitor, barrister or Justice of the Peace
Name of witness	Write the name of the solicitor, barrister or JP who witnessed your signature
Address of witness	Write the address of the witness
Capacity of witness	[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public] Delete those that do not apply

Your witness will need to fill out these details and should know what to include

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:

Write the type of document here

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

Signature of witness	The witness needs to sign in this space
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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.]

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

You and the witness should sign at the bottom of all other pages of the affidavit (if there are any)