

NOTICE OF MOTION WRIT FOR THE DELIVERY OF GOODS

COURT DETAILS

Court	Write 'Local Court'
#Division	Write 'Small Claims Division'
#List	Delete or leave blank
Registry	Write the name of the registry where the statement of claim was filed
Case number	Write the case number as shown on the 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)

JUDGMENT DETAILS

Date of judgment to be enforced Write the date of the judgment. Contact the court if you don't know the date of the judgment

FILING DETAILS

Person seeking orders **[name]** [role of party eg plaintiff] Write your name, then 'plaintiff'

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

#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, if you have one.

PERSON AFFECTED BY ORDERS SOUGHT

[name] [role of party eg defendant] Write the name of the defendant

HEARING DETAILS

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

[on separate page]

ORDERS SOUGHT

The issue of a writ for the delivery of the following goods:

1 [list goods] [List goods as in statement of claim](#)

SIGNATURE

#Signature of legal representative [Delete or leave blank](#)

#Signature of or on behalf of
party if not legally represented [Sign here](#)

Capacity [eg solicitor, authorised officer, role of party] [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](#)

Date [Write the date you signed the affidavit](#)

I [#say on oath #affirm]: [Delete the word 'oath' or 'affirm', whichever does not apply. For more information on affidavits, oaths and affirmations, see Affidavits](#)

1 [#I am the plaintiff. Delete if judgment creditor is a company or association](#)
[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 association. If judgment creditor is a company give details of your role in the company e.g. 'I am the Director/Executive Officer/Public Officer of the judgment creditor'](#)

2 [#None of the goods claimed in the statement of claim have been delivered to the plaintiff since the time judgment was given. If the defendant has returned some of the goods, delete this.](#)

[OR](#)

[#The following goods have not been delivered to the plaintiff since the time the judgment was given and the plaintiff seeks a writ for the delivery of these goods:
\[list goods\] If the defendant has returned some but not all of the goods, list them here, otherwise delete.](#)

3 [#No payments have been made by the defendant to the plaintiff in respect of the goods since the time judgment was given. Delete if any payments made since Statement of Claim was filed.](#)

[OR](#)

[#The amount paid by the defendant to the plaintiff in respect of the goods since the time judgment was given is \\$\[amount\]. If applicable, insert the amount the defendant has paid, otherwise delete.](#)

4 The amounts claimed for costs in respect of this writ are: [Execution fees are the fees paid to the sheriff to execute the writ. You can only claim solicitor's fees in this part if a solicitor prepared this document. If no execution or solicitor fees are claimed, delete this paragraph.](#)

Execution fees \$ write the amount of the execution fee

Solicitors fees \$ delete or leave blank

TOTAL \$ add up the two fees to make up the total amount

5 I believe that the goods to be delivered are located at the following address[es]: [state address(es)]. Insert address where you believe the goods are physically located.

6 I believe that goods that might be seized for payment are located at the following address[es]: [state address(es)]. Insert address where you believe the defendant has goods that might be sold to cover your expenses and/or costs.

#SWORN #AFFIRMED at	Town/suburb where affidavit signed
Cross out either 'sworn' or 'affirmed'	Your signature (you need to sign in front of a solicitor, barrister or Justice of the Peace)
Signature of deponent	<hr/>
Name of witness	Name of person who witnessed the signing of the affidavit. It must be a Solicitor, Barrister, Justice of the Peace or Notary Public
Address of witness	Address of witness
Capacity of witness	[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public] Delete those that do not apply

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	<hr/> Signature of witness
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Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

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

[* 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.

[Include the following additional information, if known, which will assist the Sheriff when executing the writ.]

ADDITIONAL INFORMATION TO ASSIST SHERIFF'S OFFICE The more information you can provide to the sheriff, the higher their chance of success in executing the writ.

Short description of claim	Provide details of when the claim first started, what claim is for (for example a dog) and if there is a cross claim
Best time of day to contact the defendant	If you know when the judgment debtor is usually home you should tell the sheriff this information, otherwise leave blank
Defendant's telephone number (if known)	If you know the defendant's telephone number, including a mobile number, you should put that information here, otherwise leave blank
Provide specific details of any property owned by the defendant	If you know what items of value are owned by the judgment debtor which could be seized by the sheriff write them here, otherwise leave blank.
Are there any animals or anything else at the premises that might pose a threat to the health and safety of Sheriff's officers?	If you know of any dangers at the judgment debtor's home you should put that information here, for example if the judgment debtor has a large dog, otherwise leave blank.