

[#REGISTRATION #FILING] OF (#CERTIFICATE OF) JUDGMENT/ORDER

COURT DETAILS

Court	Write 'Local Court'.
#Division	Write 'Small Claims Division'.
#List	Delete or leave blank.
Registry	Write the court location where you want to register the judgment or order.
Case number	Leave blank.

TITLE OF PROCEEDINGS

[First] plaintiff Delete 'first' if there is only one plaintiff.	[name] Write your name as on the judgment/order.
#Second plaintiff #Number of plaintiffs (if more than two) Delete if there is only one plaintiff.	Delete or leave blank if only one plaintiff. If two plaintiffs: write the name of the second plaintiff. If more than two plaintiffs, write the number of plaintiffs.
[First] defendant Delete 'first' if there is only one defendant.	[name] Write the name of defendant as on the judgment/order.
#Second defendant #Number of defendants (if more than two) Delete if there is only one defendant. If two plaintiffs: delete the words 'Number of plaintiffs'. If three or more plaintiffs: delete the words 'Second plaintiff'.	Delete or leave blank if only one defendant. If two defendants: write the name of the second defendant. If more than two defendants: write the number of defendants.

FILING DETAILS

Filed for	[name] plaintiff Write your name.
#Legal representative	[solicitor on record] [firm] Leave blank.
#Legal representative reference	[reference number] Leave blank.
Contact name and telephone	[name] [telephone] Write your name and phone number.
Contact email	[email address] Write your email address.

DETAILS OF JUDGMENT/ORDER

A copy or certificate of the judgment/order is attached. You will need to attach a certificate of the judgment or order to this form.

Original amount of judgment/order	Write the amount of the judgment or order here.
Payments made or credits accrued since judgment/order made	Write the amount of any payments made by the defendant since the judgment or order was made.
Interest accrued since judgment/order made ¹	Write the amount of post-judgment interest you are claiming. You should check the current interest rates on the Local Court website.
#Registration #Filing fee ²	Write the amount of the court filing fee.
#Interest rate (if other than prescribed rate in UCPR Sch 5)	Leave blank.
Total amount to be enforced as at date of [#registration #filing] ³	Add up the amount of judgment or order plus post-judgment interest (if you are claiming interest) less the amount already paid by the defendant and write the total amount here.

SIGNATURE

#Signature of legal representative	Leave blank if you are representing yourself.
#Signature of or on behalf of party if not legally represented	Sign here if you are representing yourself.
Capacity	[eg solicitor, authorised officer, role of party] Write 'plaintiff' if you are representing yourself.
Date of signature	Write the date you signed the form.

AFFIDAVIT OF APPLICANT WHEN REGISTERING A COSTS ASSESSMENT

CERTIFICATE Fill out this section only if you are registering a costs assessment certificate otherwise leave it blank.

Name

Address

Occupation

Date

¹ Interest from the date of the certificate must not be claimed where the registration is of a costs assessor's certificate.

² Registration/filing fee must not be claimed where the registration is of a costs assessor's certificate.

³ Where the registration is of a costs assessor's certificate this amount should be the same as the amount of the certificate.

I [#say on oath #affirm]:

1. # I am the 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. (a) Of the costs specified in the attached certificate or certificates, the following amounts only have been paid:

Date of payment	Amount paid
Total paid:	

OR

(b) None of the costs specified in the attached certificate or certificates have been paid

#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.⁴
- 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)⁵

Signature of witness _____

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

⁴ The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).

⁵ "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](#) or refer to the guidelines in the NSW Department of Attorney General and Justice's "[Justices of the Peace Handbook](#)" section 2.3 "Witnessing an affidavit" at the following address:
<http://www.jp.nsw.gov.au/Documents/jp%20handbook%202014.pdf>

[on separate page]

[The following sections are required only for external judgments, as defined in UCPR 36.13(1), ie not required for costs assessor's certificate filed in the proceedings to which it relates under UCPR 36.10(1)(a).]

#PARTY DETAILS

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

PARTIES TO THE PROCEEDINGS

Plaintiff[s]

[name] [role of party eg first plaintiff] [Write the name of the plaintiff. If there is more than one plaintiff, list the names here.](#)

[repeat as required for each additional plaintiff]

Defendant[s]

[name] [role of party eg first defendant] [Write the name of the defendant. If there is more than one defendant, list the names here.](#)

[repeat as required for each additional defendant]

#FURTHER DETAILS ABOUT FILING PARTY

[First] plaintiff

Name

[Write the name of the plaintiff.](#)

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)] [Write the plaintiff's address.](#)

#Frequent user identifier

[include if the plaintiff is a registered frequent user] [Delete or leave blank.](#)

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

[If there is more than one plaintiff, write the names and address for each plaintiff here.](#)

#Legal representative for plaintiff[s] [Delete or leave this section blank if you are representing yourself.](#)

Name

[name of solicitor on record]

Practising certificate number

Firm

[name of firm]

#Contact solicitor

[include name of contact solicitor if different to solicitor on record]

Address

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

DX address

Telephone

Fax

Email

#Electronic service address

#Contact details for filing party acting in person or by authorised officer [Complete this section if you are representing yourself.](#)

#Name of authorised officer	Delete or leave blank.		
#Capacity to act for plaintiff	Write 'plaintiff'.		
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 Select 'as above' unless you have a different address.	#[building name]	
	#[unit/level number]		
	[street number]	[street name]	[street type]
	[suburb/city]	[state/territory]	[postcode]
#Telephone	Write your telephone number.		
#Fax	Write your fax number, if you have one.		
#Email	Write your email address, if you have one.		