

ACKNOWLEDGEMENT OF LIQUIDATED CLAIM

COURT DETAILS

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

Filed for [name] write your name [role of party eg defendant]
#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

ACKNOWLEDGEMENT

- 1 I am the defendant.
- 2 I acknowledge the whole of the amount being claimed by the plaintiff.

SIGNATURE

Signature Your signature
Capacity [eg authorised officer, defendant] Write 'defendant'
Date of signature Write the date you sign

#SIGNATURE OF LEGAL REPRESENTATIVE Delete or leave blank this section

Signature Delete or leave blank
Capacity [eg solicitor on record, contact solicitor] Delete or leave
blank
Date of signature Delete or leave blank

[on separate page]

#FURTHER DETAILS ABOUT FILING PARTY

[Include your contact details if you have not previously given this information to the court. Do not include the contact details for any other parties.]

Filing party

Name [Write your name](#)

Address [#\[unit/level number\]](#) [#\[building name\]](#)
[\[street number\]](#) [\[street name\]](#) [\[street type\]](#)
[\[suburb/city\]](#) [\[state/territory\]](#) [\[postcode\]](#)
[#\[country \(if not Australia\)\]](#) [Write your address](#)

#Frequent user identifier [\[include if the filing party is a registered frequent user\] Leave blank or delete](#)

#Legal representative for filing party [Leave blank or delete](#)

Name [\[name of solicitor on record\] Leave blank or delete](#)

Practising certificate number [Leave blank or delete](#)

Firm [\[name of firm\] Leave blank or delete](#)

#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 [Leave blank or delete](#)

Telephone [Leave blank or delete](#)

Fax [Leave blank or delete](#)

Email [Leave blank or delete](#)

Electronic service address [\[#email address for electronic service eg service@emailaddress.com #Not applicable\] Leave blank or delete](#)

#Contact details for filing party acting in person or by authorised officer [Leave blank or delete](#)

#Name of authorised officer

#Capacity to act for filing party

Address for service [#as above](#)
[#\[unit/level number\]](#) [#\[building name\]](#)
[\[street number\]](#) [\[street name\]](#) [\[street type\]](#)
[\[suburb/city\]](#) [\[state/territory\]](#) [\[postcode\]](#)

[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.]

Telephone

#Fax
Email