Form 46 (version 4) UCPR 37.2

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 TITLE OF PROCEEDINGS This set 'TITLE OF PROCEEDINGS' section of	Write case number from statement of claim ection should be completed with the same details as in the 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

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	
#Circulations of least non-negative Deleter scheme at the l	

#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'
Date of signature	Write the date you signed the document

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.

#SWORN #AFFIRMED at	Write the town/suburb where affidavit signed
Signature of deponent	Sign in front of an authorised person
Name of witness	Write the name of the authorised witness
Address of witness	Write the address of 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):

- #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.*
- #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

Your witness needs to sign

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

Note 1: The making of a false statement or the giving of false information in an affidavit is perjury and is an offence punishable by law under the Oaths Act 1900 (NSW).

Note 2: The witness must also sign the annexure certificate endorsed on the financial statement.

^{[*} The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

^{[†&}quot;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.]

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 a	amou	ints 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

🗌 Yes 🗌 No

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)?

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	
	<pre>#[unit/level number] #[building name]</pre>	
	[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	