Form 10 (version 6) UCPR 9.1

[FIRST] CROSS-CLAIM CROSS-SUMMONS

| COURT DETAILS | |
|--|---|
| Court | |
| #Division | |
| #List | |
| Registry | |
| Case number | |
| TITLE OF PROCEEDINGS | |
| [First] plaintiff | [name] |
| #Second plaintiff #Number of plaintiffs (if more than two) | |
| [First] defendant | [name] |
| #Second defendant #Number of defendants (if more than two) | |
| #Additional information | [eg Estate of (name), Adoption of (child's name)] |
| TITLE OF THIS CROSS-CLAIM | |
| [First] cross-claimant | [name] |
| #Second cross-claimant #Number of cross-claimants (if more than two) | [#name #number Refer to Party Details at rear for full list of parties] |
| [First] cross-defendant | [name] |
| #Second cross-defendant #Number of cross-defendants (if more than two) | [#name #number Refer to Party Details at rear for full list of parties] |
| FILING DETAILS | |
| Filed for | [name] [role of party eg defendant] |
| #Filed in relation to | [eg plaintiff's claim, (number) cross-claim] [include only if form to be eFiled] |
| #Legal representative | [solicitor on record] [firm] |
| #Legal representative reference | [reference number] |
| Contact name and telephone | [name] [telephone] |
| Contact email | [email address] |
| | |

HEARING DETAILS

This cross-summons is listed at [insert next appropriate listing date eg listing date for summons in plaintiff's claim].



[on separate page]

RELIEF CLAIMED

1 []

2 []

#SIGNATURE OF LEGAL REPRESENTATIVE

#This cross-summons does not require a certificate under clause 4 of Schedule 2 to the Legal Profession Uniform Law Application Act 2014.

#I certify under clause 4 of Schedule 2 to the <u>Legal Profession Uniform Law Application Act</u> <u>2014</u> that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that the claim for damages in this cross-summons has reasonable prospects of success.

I have advised the cross-claimant[s] that court fees may be payable during these proceedings. These fees may include a hearing allocation fee.

Signature

Capacity [eg solicitor on record, contact solicitor]

Date of signature

#SIGNATURE OF OR ON BEHALF OF FILING PARTY IF NOT LEGALLY REPRESENTED

I acknowledge that court fees may be payable during these proceedings. These fees may include a hearing allocation fee.

| Signature | |
|-------------------|--|
| Capacity | [eg authorised officer, role of party] |
| Date of signature | |

NOTICE TO CROSS-DEFENDANT

If your solicitor, barrister or you do not attend the hearing, the court may give judgment or make orders against you. The court may also make orders for the payment of costs.

If you are a new party, or an existing party who has not already filed an originating process or appearance, before you can appear before the court you must file at the court an appearance in the approved form.

HOW TO RESPOND

Please read this cross-summons very carefully. If you have any trouble understanding it or require assistance on how to respond to the cross-summons you should get legal advice as soon as possible.

You can get further information about what you need to do to respond to the cross-summons from:

- A legal practitioner.
- LawAccess NSW on 1300 888 529 or at www.lawaccess.nsw.gov.au.
- The court registry for limited procedural information.

Court forms are available on the UCPR website at <u>www.ucprforms.nsw.gov.au</u> or at any NSW court registry.

REGISTRY ADDRESS

Street address Postal address Telephone [on separate page]

PARTY DETAILS

A list of parties must be filed and served with this cross-summons.

#[Include only if more than two cross-claimants and/or more than two cross-defendants.]

PARTIES TO THIS CROSS-CLAIM

Cross-claimant[s]

Cross-defendant[s]

[name] [role of party eg first cross-claimant] [repeat as required for each additional cross-claimant] [name] [role of party eg first cross-defendant] [repeat as required for each additional cross-defendant]

#DETAILS ABOUT CROSS-DEFENDANT[S] THAT ARE NEW PARTIES

[First] cross-defendant

Name

Address

| #[unit/level numb | er] #[buildi | #[building name] | |
|-------------------------------|-------------------|------------------|--|
| [street number] | [street name] | [street type] | |
| [suburb/city] | [state/territory] | [postcode] | |
| #[country (if not Australia)] | | | |

[repeat the above information as required for each additional cross-defendant that is a new party]