

ACKNOWLEDGEMENT OF LIQUIDATED CLAIM

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)

FILING DETAILS

Filed for [name] [role of party eg defendant]

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [email address]

ACKNOWLEDGEMENT

1 I am the defendant.

2 I acknowledge the whole of the amount being claimed by the plaintiff.

SIGNATURE

Signature

Capacity [eg authorised officer, defendant]

Date of signature

#SIGNATURE OF LEGAL REPRESENTATIVE

Signature

Capacity [eg solicitor on record, contact solicitor]

Date of signature

[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

Address

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

#[country (if not Australia)]

#Frequent user identifier

[include if the filing party is a registered frequent user]

#Legal representative for filing party

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

[#email address for electronic service eg
service@emailaddress.com.au #Not applicable]**#Contact details for filing party acting in person or by authorised officer**

#Name of authorised officer

#Capacity to act for filing party

Address for service

#as above

[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.]

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

Telephone

#Fax

Email