

APPEARANCE

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]

#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]

APPEARANCE

[name] [role of party eg defendant] appears.

#STATEMENT OF SUBMISSION

[name] [role of party eg defendant] submits to the making of all orders sought, and the giving or entry of judgment in respect of all claims made, save as to costs.

SIGNATURE

#Signature of legal representative

#Signature of or on behalf of
party if not legally represented

Capacity [eg solicitor, authorised officer, role of party]

Date of signature

[on separate page]

DETAILS ABOUT FILING PARTY**Filing party**

Name

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)]

#Frequent user identifier

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

[repeat the above information as required if appearing for more than one party]

#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

[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

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

#Telephone

#Fax

#Email