

STATEMENT OF PARTICULARS PERSONAL INJURY PROCEEDINGS

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 plaintiff]

#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]

PARTICULARS OF INJURIES RECEIVED

PARTICULARS OF CONTINUING DISABILITIES

PARTICULARS OF OUT-OF-POCKET EXPENSES

#PARTICULARS OF CLAIM FOR DOMESTIC ASSISTANCE OR ATTENDANT CARE

#PARTICULARS OF LOSS OF INCOME

#PARTICULARS OF LOSS OF EARNING CAPACITY AND FUTURE ECONOMIC LOSS

#PARTICULARS OF ANY OTHER AMOUNTS CLAIMED

LIST OF DOCUMENTS SERVED

[Include, hospital, medical and experts' reports, hospital and medical accounts, workers' compensation accounts, employment records and all other documents in support of the particulars given above and referred to in UCPR 15.12. You should include a statement of reasons as to why any document or part of document which cannot be served with this statement is not served.]

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