

DEFENCE

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]

PLEADINGS AND PARTICULARS

1 []

2 []

SIGNATURE OF LEGAL REPRESENTATIVE

#This defence does not require a certificate under section 347 of the Legal Profession Act 2004.

#I certify that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that the defence to the claim for damages in these proceedings has reasonable prospects of success.

Signature

Capacity [eg solicitor on record, contact solicitor]

Date of signature

[on separate page]

[Do not include the affidavit verifying in Local Court proceedings or in Supreme or District Court proceedings for the recovery of damages for defamation, malicious prosecution, false imprisonment, trespass to the person, death or personal injury or if verification has been dispensed with by the court.]

#AFFIDAVIT VERIFYING

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1 #I am the [first] defendant.

#I am [give details of the capacity of the person making the affidavit and the facts that qualify the person to make the affidavit].

2 I believe that the allegations of fact contained in the defence are true.

3 I believe that the allegations of fact that are denied in the defence are untrue.

4 After reasonable inquiry, I do not know whether or not the allegations of fact that are not admitted in the defence are true.

#SWORN #AFFIRMED at

Signature of deponent

Signature of witness

Name of witness

Address of witness

Capacity of witness

[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

[on separate page]

[Do not include this section if you have previously given this information to the court in these proceedings.]

#FURTHER 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]

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