

FORM 8A
Small Claims Act

Rule 8.02(1)(a)

NOTICE OF DEFENCE

IN THE LOCAL COURT
AT _____

Claim No. _____

Between
the plaintiff:

.....
.....
.....

full name
address

and

the defendant:

.....
.....
.....

full name
address
for service

TO THE PLAINTIFF

I intend to defend the claim against me on the following grounds: *(Give particulars of defence and summary of facts on which you rely.)*

.....
Signature of Defendant

.....
(print name in full)

Defendant's postal address
.....

Filed: _____

(Please print legibly.)

Name of defendant's solicitor (if any): _____

Solicitor's reference number: _____

Name, business address, telephone and facsimile numbers of solicitor's firm:

If solicitor acting as agent — name, business address, telephone and facsimile numbers of agent: _____

PART A
COUNTERCLAIM

Rule 9.01(1)

(Complete if you have a claim against the plaintiff.)

The defendant claims against you —

* the amount of \$ _____

* an order for —

The claim is made on the following grounds: *(Give concise statement of the nature of the claim and the facts on which it is based.)*

Date claim arose: _____ Place claim arose: _____

.....
Signature of Defendant

Defendant's name in full

Defendant's postal address

Filed: _____

Registrar

* Delete if inapplicable.

(Please print legibly.)

Name of defendant's solicitor (if any): _____

Solicitor's reference number: _____

Name, business address, telephone and facsimile numbers of solicitor's firm: _____

If solicitor acting as agent — name, business address, telephone and facsimile numbers of agent: _____

PART B

Rule 11.03(2)(a)

NOTICE OF ADMISSION

* I admit the plaintiff's claim to the following extent: *(State the facts you admit in favour of the plaintiff.)*

(YOU DO NOT HAVE TO MAKE AN OFFER TO PAY.)

I OFFER TO PAY the plaintiff the amount of \$_____ in satisfaction of the claim. I offer to pay this amount —

* in full.

* in instalments of \$_____ per _____

Defendant's signature _____

Defendant's name in full _____

Defendant's postal address _____

Witness's signature _____

Witness name in full _____

Witness's contact address and telephone number

* Delete if applicable

If you complete any part of Part B, your signature must be witnessed before a person who is 18 or over.