[#REGISTRATION #FILING] OF (#CERTIFICATE OF) JUDGMENT/ORDER

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] plaintiff

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [email address]

DETAILS OF JUDGMENT/ORDER

A copy or certificate of the judgment/order is attached.

Original amount of judgment/order

Payments made or credits accrued since judgment/order made

Interest accrued since judgment/order made¹

#Registration #Filing fee²

#Interest rate (if other than prescribed rate in UCPR Sch 5)

Total amount to be enforced as at date of [#registration #filing]³

Interest from the date of the certificate must not be claimed where the registration is of a costs assessor's certificate.

² Registration/filing fee must not be claimed where the registration is of a costs assessor's certificate.

³ Where the registration is of a costs assessor's certificate this amount should be the same as the amount of the certificate.

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

AFFIDAVIT OF APPLICANT WHEN REGISTERING A COSTS ASSESSMENT CERTIFICATE

Na	me
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Address

Occupation

Date

I [#say on oath #affirm]:

1. # I am the plaintiff.

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. (a) Of the costs specified in the attached certificate or certificates, the following amounts only have been paid:

Date of payment	Amount paid	
Total paid:		

OR

(b) None of the costs specified in the attached certificate or certificates have been paid

#SWORI	N #AFFIRMED at	
Signature	e of deponent	
Name of	witness	
Address	of witness	
Capacity	of witness	[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]
And as a w	ritness, I certify the follow	ving matters concerning the person who made this affidavit (the deponent):
1	#I saw the face of the deponent. [OR, delete whichever option is inapplicable]	
		of the deponent because the deponent was wearing a face covering, but I ponent had a special justification for not removing the covering.4
2	#I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable] #I have confirmed the deponent's identity using the following identification document:	
		Identification document relied on (may be original or certified copy) ⁵
Signature	e of witness	identification document relied on (may be original of certified copy)
Note: The	deponent and witness n	nust sign each page of the affidavit. See UCPR 35.7B.

⁴ The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).

⁵ "Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011 or refer to the guidelines in the NSW Department of Attorney General and Justice's "Justices of the Peace Handbook" section 2.3 "Witnessing an affidavit" at the following address: http://www.jp.nsw.gov.au/Documents/jp%20handbook%202014.pdf]

[on separate page]

[The following sections are required only for external judgments, as defined in UCPR 36.13(1), ie not required for costs assessor's certificate filed in the proceedings to which it relates under UCPR 36.10(1)(a).]

#PARTY DETAILS

[Include only if more than two plaintiffs and/or more than two defendants.]

PARTIES TO THE PROCEEDINGS

Plaintiff[s] Defendant[s]

[name] [role of party eg first plaintiff] [name] [role of party eg first defendant] [repeat as required for each additional plaintiff] [repeat as required for each additional defendant]

#FURTHER DETAILS ABOUT FILING PARTY

[First] plaintiff

Name

Address #[unit/level number] #[building name]

[The filing party must give the party's address.] [street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

#[country (if not Australia)]

#Frequent user identifier [include if the plaintiff is a registered frequent user]

[repeat the above information as required for the second and each additional plaintiff where applicable]

#Legal representative for plaintiff[s]

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

stated above.]

Fax

Email

#Electronic service address

#Contact details for filing party acting in person or by authorised officer

#Name of authorised officer

#Capacity to act for plaintiff

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

.....

#[unit/level number] #[building name]

[street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

#Telephone

#Fax

#Email