# NOTICE OF MOTION TO PAY BY INSTALMENTS - CORPORATION

#### **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**

Person seeking orders [name] [role of party eg defendant] (judgment debtor)

#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]

Contact email [email address]

#### PERSON AFFECTED BY ORDERS SOUGHT

[name] [role of party] (judgment creditor)

#### **HEARING DETAILS**

This motion is to be dealt with in the absence of the parties.

#### **COURT USE ONLY**

Application granted/refused

If refused, state reason

Signature of registrar

Date

#### [on separate page]

#### **ORDERS SOUGHT**

The judgment debt be paid by the judgment debtor to the judgment creditor, by instalments on the following terms:

Amount \$

Frequency [#weekly #fortnightly #monthly]

First payment [date]

#### **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**

Name

Address

Occupation

Date

I [#say on oath #affirm]:

- 1 #I am [give details of the capacity of the person making the affidavit and the facts that qualify the person to make the affidavit].
- I believe that the information about the company's present income, assets and liabilities contained in the financial statement that is annexed to this affidavit is true.

#SWO	RN #AFFIRMED at		
Signat	ure of deponent		
Name	of witness		
Addres	ss of witness		
Capacity of witness		[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]	
And as	a witness, I certify the following m	natters concerning the person who made this affidavit (the <b>deponent)</b> :	
1	#I saw the face of the deponent. [OR, delete whichever option is inapplicable]		
	#I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.*		
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) †	
Signat	ure of witness		
Note: T	he deponent and witness must si	gn each page of the affidavit. See UCPR 35.7B.	

<sup>[\*</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

<sup>[†&</sup>quot;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.]

Note 1: The making of a false statement or the giving of false information in an affidavit is perjury and is an offence punishable by law under the Oaths Act 1900 (NSW).

Note 2: The witness must also sign the annexure certificate endorsed on the financial statement.

# **Financial Statement**

[Add extra lines, if necessary, so that all details of income, assets and liabilities are disclosed.]

INCOME				
Estimated gross annual in	\$			
Nature of business				
ASSETS				
Real estate	\$			
Funds in banks/financial i accounts	\$			
Investments	\$			
Motor vehicle	\$			
Sundry debtors	\$			
Tools and equipment	\$			
TOTAL VALUE OF ASSI	\$			
LIABILITIES				
Average annual expenses (eg wages, materials, rent, utilities, insurance, superannuation, workers compensation, payments on liabilities listed below)				
OTHER LIABILITIES:	NAME OF BANK/INSTITUTION	TOTAL AMOUNT OWED		
Mortgage		\$		
Other loans		\$		
		A		
Credit cards		\$		
Credit cards Other liabilities (specify)		\$		
Other liabilities				
Other liabilities (specify)  TOTAL	ferred to in the affidavit of [name] [#sworr	\$		

### [on separate page]

## **JUDGMENT DEBTOR'S DETAILS**

Name

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

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

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

#Telephone

#Fax

#Email