**Part A – Court registry copy**

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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 66 - CLAIMANT’S REPLY TO STATEMENT OF DEFENCE** | | |
|  | | |
| Registry: | | Case Number: |
| Claimant: |  | |
| Defendant: |  | |

|  |  |
| --- | --- |
| **Notice:  [Tick one box]** | Does not oppose the Statement of Defence |
| Opposes to the following sections of the Statement of Defence: |
| Opposes to the Statement of defence |
| **Reply:** | |
|  | |

|  |  |
| --- | --- |
| Claimant or lawyer: | Date: |

*Lodging party must complete the below address for service and contact information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address for Service: |  | | | |
| Contact Details: | Telephone: | Lawyer’s Ref: | Fax: | E-mail: |

**Part B – Claimant’s copy**

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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 66 - CLAIMANT’S REPLY TO STATEMENT OF DEFENCE** | | |
|  | | |
| Registry: | | Case Number: |
| Claimant: |  | |
| Defendant: |  | |

|  |  |
| --- | --- |
| **Notice:  [Tick one box]** | Does not oppose the Statement of Defence |
| Opposes to the following sections of the Statement of Defence: |
| Opposes to the Statement of defence |
| **Reply:** | |
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|  |  |
| --- | --- |
| Claimant or lawyer: | Date: |

*Lodging party must complete the below address for service and contact information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address for Service: |  | | | |
| Contact Details: | Telephone: | Lawyer’s Ref: | Fax: | E-mail: |

**Part C – Defendant’s service copy**

|  |  |  |
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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 66 - CLAIMANT’S REPLY TO STATEMENT OF DEFENCE** | | |
|  | | |
| Registry: | | Case Number: |
| Claimant: |  | |
| Defendant: |  | |

|  |  |
| --- | --- |
| **Notice:  [Tick one box]** | Does not oppose the Statement of Defence |
| Opposes to the following sections of the Statement of Defence: |
| Opposes to the Statement of defence |
| **Reply:** | |
|  | |

|  |  |
| --- | --- |
| Claimant or lawyer: | Date: |

*Lodging party must complete the below address for service and contact information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address for Service: |  | | | |
| Contact Details: | Telephone: | Lawyer’s Ref: | Fax: | E-mail: |