**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:  |       |

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| **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 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:      |