**Part A – Court registry copy**

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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 68 – STATEMENT OF DEFENCE TO GENERAL PROCEDURE CLAIM AND COUNTERCLAIM** |

|  |  |
| --- | --- |
| Registry: | Case Number: |
| Claimant: | |
| Defendant: | |

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| --- |
| **STATEMENT OF DEFENCE:** |
|  |

|  |
| --- |
| **COUNTERCLAIM:** |
|  |
| **The remedy or relief claimed:** |
| 1.  2.  3. |

|  |  |
| --- | --- |
| Amount of counterclaim |  |
| Court filing fee |  |
| Service fee |  |
| Travelling fee |  |
| **Total of counterclaim** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEFENDANT’S ADDRESS FOR SERVICE** | | | |
| *Tick  appropriate box and insert address details below:*  Residential or principal place of business address  Registered office address  Lawyer - principal place of business address | | | |
| **METHOD OF SERVICE**  *Tick  appropriate box*   Bailiff  Defendant | | | |
| **CONTACT DETAILS** | | | |
| Telephone: |  | Fax: |  |
| Defendant Ref: |  | | |
| Email |  | | |

This document must be sealed by the court before you serve it on the other parties to the claim.

Date:       Defendant or lawyer:      

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lodged by: | Defendant or Defendant’s lawyer  Other | | | |
| Address for Service: |  | | | |
| Contact Details: | Telephone: | Lawyer’s Ref: | Fax: | E-mail: |

**Part B – Defendant’s copy**

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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 68 – STATEMENT OF DEFENCE TO GENERAL PROCEDURE CLAIM AND COUNTERCLAIM** |

|  |  |
| --- | --- |
| Registry: | Case Number: |
| Claimant: | |
| Defendant: | |

|  |
| --- |
| **STATEMENT OF DEFENCE:** |
|  |

|  |
| --- |
| **COUNTERCLAIM:** |
|  |
| **The remedy or relief claimed:** |
| 1.  2.  3. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEFENDANT’S ADDRESS FOR SERVICE** | | | |
| *Tick  appropriate box and insert address details below:*  Residential or principal place of business address  Registered office address  Lawyer - principal place of business address | | | |
| **METHOD OF SERVICE**  *Tick  appropriate box*   Bailiff  Defendant | | | |
| **CONTACT DETAILS** | | | |
| Telephone: |  | Fax: |  |
| Defendant Ref: |  | | |
| Email |  | | |

|  |  |
| --- | --- |
| Amount of counterclaim |  |
| Court filing fee |  |
| Service fee |  |
| Travelling fee |  |
| **Total of counterclaim** |  |

This document must be sealed by the court before you serve it on the other parties to the claim.

Date:       Defendant or lawyer:      

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lodged by: | Defendant or Defendant’s lawyer  Other | | | |
| Address for Service: |  | | | |
| Contact Details: | Telephone: | Lawyer’s Ref: | Fax: | E-mail: |

**Part C – Claimant’s service copy**

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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 68 – STATEMENT OF DEFENCE TO GENERAL PROCEDURE CLAIM AND COUNTERCLAIM** |

|  |  |
| --- | --- |
| Registry: | Case Number: |
| Claimant: | |
| Defendant: | |

|  |
| --- |
| **STATEMENT OF DEFENCE:** |
|  |

|  |
| --- |
| **COUNTERCLAIM:** |
|  |
| **The remedy or relief claimed:** |
| 1.  2.  3. |

|  |  |
| --- | --- |
| Amount of counterclaim |  |
| Court filing fee |  |
| Service fee |  |
| Travelling fee |  |
| **Total of counterclaim** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEFENDANT’S ADDRESS FOR SERVICE** | | | |
| *Tick  appropriate box and insert address details below:*  Residential or principal place of business address  Registered office address  Lawyer - principal place of business address | | | |
| **METHOD OF SERVICE**  *Tick  appropriate box*   Bailiff  Defendant | | | |
| **CONTACT DETAILS** | | | |
| Telephone: |  | Fax: |  |
| Defendant Ref: |  | | |
| Email |  | | |

This document must be sealed by the court before you serve it on the other parties to the claim.

Date:       Defendant or lawyer:      

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lodged by: | Defendant or Defendant’s lawyer  Other | | | |
| Address for Service: |  | | | |
| Contact Details: | Telephone: | Lawyer’s Ref: | Fax: | E-mail: |