**PART A – Court registry copy**

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| **MAGISTRATES COURT of WESTERN AUSTRALIA**  **(CIVIL JURISDICTION)**  **FORM 19 – STATEMENT OF GENERAL PROCEDURE CLAIM** |

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

Material facts relevant to the claim:

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Particulars of the claim:

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Legal basis of the claim:

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The remedy or relief claimed:

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If the amount of the claim has been reduced in order to bring the claim within the jurisdictional   
limit, a statement to that effect to be provided, including the reduced claim amount:

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

Date:      /     /      Claimant or lawyer:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lodged by: | Claimant or Claimant’s lawyer  Other | | | |
| 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 19 – STATEMENT OF GENERAL PROCEDURE CLAIM** |

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

Material facts relevant to the claim:

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Particulars of the claim:

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Legal basis of the claim:

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The remedy or relief claimed:

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If the amount of the claim has been reduced in order to bring the claim within the jurisdictional   
limit, a statement to that effect to be provided, including the reduced claim amount:

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

Date:      /     /      Claimant or lawyer:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lodged by: | Claimant or Claimant’s lawyer  Other | | | |
| 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 19 – STATEMENT OF GENERAL PROCEDURE CLAIM** |

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

Material facts relevant to the claim:

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Particulars of the claim:

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Legal basis of the claim:

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The remedy or relief claimed:

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If the amount of the claim has been reduced in order to bring the claim within the jurisdictional   
limit, a statement to that effect to be provided, including the reduced claim amount:

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

Date:      /     /      Claimant or lawyer:

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

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