

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

|                  |                     |
|------------------|---------------------|
| <b>Registry:</b> | <b>Case number:</b> |
| <b>Claimant</b>  |                     |
| <b>Defendant</b> |                     |

Summary of facts relevant to the claim:

Legal basis of the claim:

The basic contentions of the party:

The remedy or relief claimed:

If the amount of the claim has been reduced in order to bring the claim within the jurisdictional limit, a statement to that effect and the amount by which the claim has been reduced:

**PTO**

Sufficient copies of this form must be lodged to enable service by you on the defendant/claimant in accordance with the Magistrates Court (Civil Proceedings) Rules 2005.

**If the party is not represented by a lawyer the party must, together with this statement of claim, make a statutory declaration stating that;**

- any allegations of fact in the statement of claim are true to the best of the party's belief;
- and
- The statement of claim is not frivolous, vexatious, scandalous or improper.

**If the party is represented by a lawyer, the party's lawyer must together with this statement of claim make the statutory declaration stating that -.**

- The party has instructed the lawyer that all of the allegations of fact in the statement of claim are true and correct.; and
- All the arguments raised in the statement of claim are, in the opinion of the lawyer, reasonable; and
- In the opinion of the lawyer the statement of claim is not frivolous, vexatious, scandalous or improper.

Date:

Claimant or lawyer: .....

|                     |  |               |      |         |
|---------------------|--|---------------|------|---------|
| Lodged by           | <input type="checkbox"/> Claimant or claimant's lawyer |               |      |         |
|                     | <input type="checkbox"/> Other                         |               |      |         |
| Address for service |  |               |      |         |
| Contact details     | Telephone:   | Lawyer's ref: | Fax: | E mail: |

**If more than one page is used to complete the Statement of Claim, then each page must be signed and dated.**