

**MAGISTRATES COURT of WESTERN AUSTRALIA  
(CIVIL JURISDICTION)  
FORM 15B - RESPONSE TO COUNTERCLAIM**

<b>Registry:</b>	<b>Case number:</b>
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<b>Claimant (in original claim)</b>	
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<b>Defendant (in original claim)</b>	
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*(Must enter full name of party responding)*  
I, .....

**PART F -ADMISSION OF COUNTERCLAIM**

*Tick [✓] appropriate box*

**admit to the total amount claimed and I offer to pay the amount admitted by way of:**

instalment amounts of \$ \_\_\_\_\_  
 weekly; or                       fortnightly; or                       monthly  
 First instalment *(date)* \_\_\_\_\_;

OR

payment in full on or before *(date)* \_\_\_\_\_

**Un-liquidated claim only:**

**admit liability and make application to the Court to determine the amount that should be awarded for the claim.**  
*(A registrar must list the case for a pre-trial conference and notify all parties in writing)*

**OR**

**PART F -INTENTION TO DEFEND COUNTERCLAIM**

*Tick [✓] appropriate box*

**intend to defend the full amount of this claim; or**

**admit liability for part of the claim made and intend to defend the balance of the claim.**

I offer the sum of \$ ..... as full satisfaction of the claim.

Claimant or lawyer:	Date:
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*Responding party must complete the below address for service and contact information*

Address for service				
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail: