

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
STATEMENT OF INTENDED EVIDENCE OF A WITNESS
FORM 32A**

Registry:	Case number:
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Claimant	
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Defendant	
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Note: This form for use by witnesses other than an expert witness

I _____ of _____,
in the State of _____, _____ (occupation),
Say as follows:

1. _____

Date: _____

Signed: _____

Tick [✓] appropriate box

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

