

[FIRST] CROSS-CLAIM STATEMENT OF CROSS-CLAIM

COURT DETAILS

Court

#Division

#List

Registry

Case number

TITLE OF PROCEEDINGS

[First] plaintiff **[name]**

#Second plaintiff #Number of
plaintiffs (if more than two)

[First] defendant **[name]**

#Second defendant #Number
of defendants (if more than two)

TITLE OF THIS CROSS-CLAIM

[First] cross-claimant **[name]**

#Second cross-claimant **[#name #number]**
#Number of cross-claimants (if
more than two) Refer to Party Details at rear for full list of parties]

[First] cross-defendant **[name]**

#Second cross-defendant **[#name #number]**
#Number of cross-defendants
(if more than two) Refer to Party Details at rear for full list of parties]

FILING DETAILS

Filed for **[name]**_[role of party eg defendant]

#Filed in relation to **[eg plaintiff's claim, (number) cross-claim]**
[include only if form to be eFiled]

#Legal representative **[solicitor on record] [firm]**

#Legal representative reference **[reference number]**

Contact name and telephone **[name] [telephone]**

Contact email **[email address]**

[on separate page]

RELIEF CLAIMED

1

2

PLEADINGS AND PARTICULARS

1

2

#SIGNATURE OF LEGAL REPRESENTATIVE

#This statement of cross-claim does not require a certificate under clause 4 of Schedule 2 to the [Legal Profession Uniform Law Application Act 2014](#).

#I certify under clause 4 of Schedule 2 to the [Legal Profession Uniform Law Application Act 2014](#) that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that the claim for damages in this statement of cross-claim has reasonable prospects of success.

I have advised the cross-claimant[s] that court fees may be payable during these proceedings. These fees may include a hearing allocation fee.

Signature

Capacity [eg solicitor on record, contact solicitor]

Date of signature

#SIGNATURE OF OR ON BEHALF OF FILING PARTY IF NOT LEGALLY REPRESENTED

I acknowledge that court fees may be payable during these proceedings. These fees may include a hearing allocation fee.

Signature

Capacity [eg authorised officer, role of party]

Date of signature

NOTICE TO CROSS-DEFENDANT

If you do not file a defence you will be bound by any judgment or order in the proceedings so far as it is relevant to this cross-claim.

HOW TO RESPOND

Please read this statement of cross-claim very carefully. If you have any trouble understanding it or require assistance on how to respond to the cross-claim you should get legal advice as soon as possible.

You can get further information about what you need to do to respond to the claim from:

- A legal practitioner.
- LawAccess NSW on 1300 888 529 or at www.lawaccess.nsw.gov.au.
- The court registry for limited procedural information.

You can respond in one of the following ways:

- 1 If you intend to dispute the cross-claim or part of the cross-claim**, by filing a defence and/or making a cross-claim.
- 2 If money is claimed, and you believe you owe the money claimed**, by:
 - Paying the cross-claimant all of the money and interest claimed.
 - Filing an acknowledgement of the claim.
 - Applying to the court for further time to pay the claim.
- 3 If money is claimed, and you believe you owe part of the money claimed**, by:
 - Paying the cross-claimant that part of the money that is claimed.
 - Filing a defence in relation to the part that you do not believe is owed.

Court forms are available on the UCPR website at <http://www.ucprforms.nsw.gov.au/> or at any NSW court registry.

REGISTRY ADDRESS

Street address

Postal address

Telephone

[on separate page]

[Do not include the affidavit verifying in Local Court proceedings. Refer to the *Uniform Civil Procedure Rules 2005* for other circumstances where affidavit not required.]

#AFFIDAVIT VERIFYING

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1 #I am the [first] cross-claimant.

#I am [give details of the capacity of the person making the affidavit and the facts that qualify the person to make the affidavit].

2 I believe that the allegations of fact in the statement of cross-claim are true.

#SWORN #AFFIRMED at

Signature of deponent

Name of witness

Address of witness

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

1 #I saw the face of the deponent. [OR, delete whichever option is inapplicable]
#I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.*

2 #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]
#I have confirmed the deponent's identity using the following identification document:

Identification document relied on (may be original or certified copy) †

Signature of witness

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

[* The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

[† "Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011.]

[on separate page]

PARTY DETAILS

A list of parties must be filed and served with this statement of cross-claim.

#[Include only if more than two cross-claimants and/or more than two cross-defendants]

PARTIES TO THIS CROSS-CLAIM

Cross-claimant[s]

[name] [role of party eg first cross-claimant]

[repeat as required for each additional cross-claimant]

Cross-defendant[s]

[name] [role of party eg first cross-defendant]

[repeat as required for each additional cross-defendant]

#DETAILS ABOUT CROSS-DEFENDANT[S] THAT ARE NEW PARTIES

[First] cross-defendant

Name

Address

#[unit/level number] #[building name]

[street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

#[country (if not Australia)]

[repeat the above information as required for each additional cross-defendant that is a new party]