

## **[#REGISTRATION #FILING] OF (#CERTIFICATE OF) JUDGMENT/ORDER**

### **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)

### **FILING DETAILS**

Filed for **[name]** plaintiff  
#Legal representative [solicitor on record] [firm]  
#Legal representative reference [reference number]  
Contact name and telephone [name] [telephone]  
Contact email [email address]

### **DETAILS OF JUDGMENT/ORDER**

A copy or certificate of the judgment/order is attached.

Original amount of judgment/order

Payments made or credits accrued  
since judgment/order made

Interest accrued since judgment/order  
made<sup>1</sup>

#Registration #Filing fee<sup>2</sup>

#Interest rate (if other than prescribed  
rate in UCPR Sch 5)

Total amount to be enforced as at date  
of [#registration #filing]<sup>3</sup>

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<sup>1</sup> Interest from the date of the certificate must not be claimed where the registration is of a costs assessor's certificate.

<sup>2</sup> Registration/filing fee must not be claimed where the registration is of a costs assessor's certificate.

<sup>3</sup> Where the registration is of a costs assessor's certificate this amount should be the same as the amount of the certificate.

## SIGNATURE

#Signature of legal representative

#Signature of or on behalf of  
party if not legally represented

Capacity [eg solicitor, authorised officer, role of party]

Date of signature

## AFFIDAVIT OF APPLICANT WHEN REGISTERING A COSTS ASSESSMENT CERTIFICATE

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1. # I am the plaintiff.  
# 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. (a) Of the costs specified in the attached certificate or certificates, the following amounts only have been paid:

Date of payment	Amount paid
Total paid:	

OR

(b) None of the costs specified in the attached certificate or certificates have been paid

#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.<sup>4</sup>
- 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)<sup>5</sup>

Signature of witness \_\_\_\_\_

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

<sup>4</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).

<sup>5</sup> "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](#) or refer to the guidelines in the NSW Department of Attorney General and Justice's "[Justices of the Peace Handbook](#)" section 2.3 "Witnessing an affidavit" at the following address:  
<http://www.jp.nsw.gov.au/Documents/jp%20handbook%202014.pdf>

[on separate page]

[The following sections are required only for external judgments, as defined in UCPR 36.13(1), ie not required for costs assessor's certificate filed in the proceedings to which it relates under UCPR 36.10(1)(a).]

## #PARTY DETAILS

[Include only if more than two plaintiffs and/or more than two defendants.]

### PARTIES TO THE PROCEEDINGS

#### Plaintiff[s]

[name] [role of party eg first plaintiff]  
[repeat as required for each additional plaintiff]

#### Defendant[s]

[name] [role of party eg first defendant]  
[repeat as required for each additional defendant]

## #FURTHER DETAILS ABOUT FILING PARTY

### [First] plaintiff

Name

Address

[The filing party must give the party's address.]

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

#[country (if not Australia)]

#Frequent user identifier

[include if the plaintiff is a registered frequent user]

[repeat the above information as required for the second and each additional plaintiff where applicable]

### #Legal representative for plaintiff[s]

Name

[name of solicitor on record]

Practising certificate number

Firm

[name of firm]

#Contact solicitor

[include name of contact solicitor if different to solicitor on record]

Address

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

DX address

Telephone

Fax

Email

#Electronic service address

### #Contact details for filing party acting in person or by authorised officer

#Name of authorised officer

#Capacity to act for plaintiff

Address for service

[The filing party must give an address for service. This must be an address in NSW unless the exceptions listed in UCPR 4.5(3) apply. State "as above" if the filing party's address for service is the same as the filing party's address stated above.]

#as above

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

#Telephone

#Fax

#Email