NOTICE OF MOTION WRIT FOR THE DELIVERY OF GOODS

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)

JUDGMENT DETAILS

Date of judgment to be enforced

FILING DETAILS

Person seeking orders [name] [role of party eg plaintiff]

#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]

PERSON AFFECTED BY ORDERS SOUGHT

[name] [role of party eg defendant]

HEARING DETAILS

This motion is to be dealt with in the absence of the parties.

[on separate page]

ORDERS SOUGHT

The issue of a writ for the delivery of the following goods:

1 [list goods]

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

[on separate page]

Α	FI	FI	D	Δ	/	Т

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 #None of the goods claimed in the statement of claim have been delivered to the plaintiff since the time judgment was given.

#The following goods have not been delivered to the plaintiff since the time the judgment was given and the plaintiff seeks a writ for the delivery of these goods:

[list goods]

3 #No payments have been made by the defendant to the plaintiff in respect of the goods since the time judgment was given.

#The amount paid by the defendant to the plaintiff in respect of the goods since the time judgment was given is \$[amount].

4 The amounts claimed for costs in respect of this writ are:

Execution fees \$

Solicitors fees \$

TOTAL \$

- I believe that the goods to be delivered are located at the following address[es]: [state address(es)].
- I believe that goods that might be seized for payment are located at the following address[es]: [state address(es)].

#SWC	ORN #AFFIRMED at				
Signat	ture of deponent				
Name	of witness				
Addre	ss of witness				
Capacity of witness		[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]			
And as	a witness, I certify the following n	natters 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	•	at least 12 months. [OR, delete whichever option is inapplicable] it's identity using the following identification document:			
		Identification document relied on (may be original or certified copy) †			
Signat	ture of witness				
Note: T	The deponent and witness must s	ign each page of the affidavit. See UCPR 35.7B.			
[* The o	only "special justification" for not re	emoving a face covering is a legitimate medical reason (at April 2012) 1			

The only special justification for not removing a face covering is a regitimate 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.]

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

[Include the following additional information, if known, which will assist the Sheriff when executing the writ.]

ADDITIONAL INFORMATION TO ASSIST SHERIFF'S OFFICE

Short description of claim

Best time of day to contact the defendant

Defendant's telephone number (if known)

Provide specific details of any property owned by the defendant

Are there any animals or anything else at the premises that might pose a threat to the health and safety of Sheriff's officers?