

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

Registry:	Case number:
Claimant (in original claim)	
Defendant (in original claim)	

ADMISSION OF COUNTERCLAIM

I (full name of claimant)			
<i>Tick [✓] appropriate box</i>			
<input type="checkbox"/> Admit to the total amount claimed and I offer to pay the amount admitted:			
<input type="checkbox"/> by way of instalments of \$ _____ per week/fortnight/month commencing on (date) _____; OR			
<input type="checkbox"/> in full on or before (date) _____			
<u>Un-Liquidated Claim only in excess of \$1000.00</u>			
<input type="checkbox"/> Admit liability and make application to the Court to determine the amount that should be awarded for the claim upon payment of the prescribed application fee if applicable.			
Signature of claimant		Date	

INTENTION TO DEFEND COUNTERCLAIM

I (full name of claimant)			
<i>Tick [✓] appropriate box</i>			
Intention to defend	<input type="checkbox"/> I intend to defend the full amount of this claim. <input type="checkbox"/> I 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.		
Signature of claimant or lawyer		Date	
Address for service		
Contact details	Telephone:	Lawyer's ref:	Fax: E mail: