

**MAGISTRATES COURT of WESTERN AUSTRALIA  
(CIVIL JURISDICTION)  
OFFER OF SETTLEMENT  
FORM 39**

|  |                     |
|--|---------------------|
| <b>Registry:</b><br><br><b>Phone:</b><br><br><b>Fax:</b> | <b>Case number:</b> |
|--|---------------------|

|                 |  |
|-----------------|--|
| <b>Claimant</b> |  |
|-----------------|--|

|                  |  |
|------------------|--|
| <b>Defendant</b> |  |
|------------------|--|

*\* delete as applicable*

1. \*Take notice that the \*claimant / \*defendant/ \*third party offers the sum of \$ ..... in full and final settlement of the \*claimant / \*defendant/ claim against him/her/it.

2\*Take notice that \*claimant / \*defendant/ \*third party will accept the sum of \$ ..... in full and final settlement of \*his / \*her / \*its claim against the \*claimant / \*defendant/ \*third party

The amount stated above includes the sum of \$..... offered in relation to costs and the sum of \$ ..... in relation to interest up to the date of this offer.

Other terms of the offer:

.....

.....

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.....

**A party receiving an offer of settlement must, within three working days after the offer is served upon them, serve an Acknowledgement of Receipt of this offer in the approved form on the party making the offer.**

Note:

A party may accept the offer:

- a) Before the expiration of the period stated in the offer; or
- b) If the offer is made within 28 days before the trial date/before judgment.

If an offer of settlement does not specify a period within which it may be accepted, a party may accept the offer:

- a) Before the expiration of a period of 28 days after the day on which the offer is made; or
- b) If the offer is made within 28 days before the trial date/before judgment.

Date:..... Claimant/defendant/third party or lawyer: .....

**PTO**

To:

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To:

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.....

**Tick [✓] appropriate box**

|                     |  |               |      |         |
|---------------------|--|---------------|------|---------|
| Lodged by           | <input type="checkbox"/> Claimant or Claimants Lawyer<br><input type="checkbox"/> Defendant or Defendants Lawyer<br><input type="checkbox"/> Other ..... |               |      |         |
| Address for service | .....<br>.....<br>.....<br>.....   |               |      |         |
| Contact details     | Telephone:   | Lawyer's ref: | Fax: | E mail: |