

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
REQUEST FOR CERTIFICATE OF JUDGMENT
FORM 55**

Registry:	Case number:
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Claimant	Name
	Address

Defendant	Name
	Address

(* Delete as applicable)

The *claimant/*defendant requests the issue of a certificate of judgment in this case.

Date: Claimant/defendant/lawyer:.....

Tick [✓] appropriate box

Lodged by	<input type="checkbox"/> Claimant or claimant's lawyer <input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other			
Address for service			
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail: