

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
NOTICE OF DISCONTINUANCE OF CLAIM
FORM 57**

Registry:	Case number:
Claimant	
Defendant	

(* Delete as applicable)

Take notice that the claimant wishes to discontinue the *whole or *part of their claim in this case.

Date: Signature of Claimant /or Lawyer

Note

The lodging party must serve a sealed copy of this notice on the other party.

To: The Registrar
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To: Defendant (or defendant's lawyer)
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.....
.....

Tick [✓] appropriate box

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