

MAGISTRATES COURT of WESTERN AUSTRALIA

(CIVIL JURISDICTION)

FORM 19 – STATEMENT OF GENERAL PROCEDURE CLAIM

Registry:	Case Number:
Claimant:	
Defendant:	

Material facts relevant to the claim:

[Empty text box for material facts]

Particulars of the claim:

[Empty text box for particulars of the claim]

Legal basis of the claim:

[Empty text box for legal basis of the claim]

The remedy or relief claimed:

[Empty text box for remedy or relief claimed]

If the amount of the claim has been reduced in order to bring the claim within the jurisdictional limit, a statement to that effect to be provided, including the reduced claim amount:

[Empty text box for reduced claim amount statement]

This document must be sealed by the court before you serve it on the other parties to the claim.

Date: / /

Claimant or lawyer:

Lodging party must complete the below address for service and contact information

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:

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