

## NOTICE OF MOTION TO PAY BY INSTALMENTS - INDIVIDUAL

### COURT DETAILS

Court

#Division

#List

Registry

Case number

### TITLE OF PROCEEDINGS

[First] plaintiff [name]

#Second plaintiff #Number of  
plaintiffs (if more than two)

[First] defendant [name]

#Second defendant #Number of  
defendants (if more than two)

### FILING DETAILS

Person seeking orders [name] [role of party eg defendant] (**judgment debtor**)

#Filed in relation to [eg plaintiff's claim, (number) cross-claim]  
[include only if form to be eFiled]

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [email address]

### PERSON AFFECTED BY ORDERS SOUGHT

[name] [role of party] (**judgment creditor**)

### HEARING DETAILS

This motion is to be dealt with in the absence of the parties.

#### COURT USE ONLY

Application granted/refused

If refused, state reason

Signature of registrar

Date

[on separate page]

## ORDERS SOUGHT

The judgment debt be paid by the judgment debtor to the judgment creditor, by instalments on the following terms:

Amount	\$
Frequency	[#weekly #fortnightly #monthly]
First payment	[date]

## SIGNATURE

#Signature of legal representative

#Signature of or on behalf of party  
if not legally represented

Capacity [eg solicitor, authorised officer, role of party]

Date of signature

## AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

- 1 I am the [role of party].
- 2 I believe that the information about my present income, assets and liabilities contained in the financial statement that is annexed to this affidavit is true.

#SWORN #AFFIRMED at

Signature of deponent

---

Name of witness

Address of witness

Capacity of witness

[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

- 1 #I saw the face of the deponent. [OR, delete whichever option is inapplicable]  
#I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.\*
- 2 #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]  
#I have confirmed the deponent's identity using the following identification document:

---

Identification document relied on (may be original or certified copy) †

Signature of witness

---

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

---

[\* The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

[† "Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011.]

Note 1: The making of a false statement or the giving of false information in an affidavit is perjury and is an offence punishable by law under the Oaths Act 1900 (NSW).

Note 2: The witness must also sign the annexure certificate endorsed on the financial statement.

## Financial Statement

[Add extra lines, if necessary, so that all details of income, assets and liabilities are disclosed.]

### INCOME (weekly unless otherwise stated)

Your average weekly income after tax from salary or wages	\$	_____
Social security benefits/pensions (include family payments etc)	\$	_____
All other income (eg self-employed income, interest, dividends, rent or trust distributions)	\$	_____
<b>TOTAL</b>	<b>\$</b>	_____

### PROPERTY OWNED BY YOU

Home	\$	_____
Other property	\$	_____
Funds in banks/financial institutions, including funds held in off-set accounts	\$	_____
Investments	\$	_____
Motor vehicle	\$	_____
Household contents	\$	_____
Other personal property	\$	_____
<b>TOTAL VALUE OF PROPERTY OWNED BY YOU</b>	<b>\$</b>	_____

### LIABILITIES

Estimated weekly basic living expenses (eg food, household supplies, utilities, rent, weekly payments on liabilities listed below) \$ \_\_\_\_\_

OTHER LIABILITIES	NAME OF BANK/INSTITUTION	TOTAL AMOUNT OWED
Home mortgage		\$ _____
Other loans		\$ _____
Credit cards		\$ _____
Other liabilities (specify)		\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

Does anyone contribute to paying these liabilities (eg your spouse/partner)?  Yes  No

If yes, give the person's details:

Name of person	_____
Amount of contribution per week	_____

Do you have any dependants?  Yes  No

If yes, give details:

_____
-------

This is the annexure referred to in the affidavit of [name] [#sworn #affirmed] before me on [date].

\_\_\_\_\_  
Signature of witness

[on separate page]

## JUDGMENT DEBTOR'S DETAILS

Name

Address

#[unit/level number] #[building name]

[street number] [street name] [street type]

[suburb/city] [state/territory] [postcode]

#Telephone

#Fax

#Email