

NOTICE OF MOTION TO PAY BY INSTALMENTS - INDIVIDUAL

COURT DETAILS

Court	Local Court
Division	Small Claims Division
Registry	Blacktown
Case number	SC20xx/766

TITLE OF PROCEEDINGS

Plaintiff	Meena Vishwana
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Defendant	Fiona Frame trading as Fantastic Florists
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FILING DETAILS

Person seeking orders	Fiona Frame trading as Fantastic Florists, defendant (judgment debtor)
Contact name and telephone	Fiona Frame 02 2334 4556
Contact email	fiona.frame@mail.com

PERSON AFFECTED BY ORDERS SOUGHT

Meena Vishwana, plaintiff (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	\$100
Frequency	Fortnightly
First payment	19 January 20xx

SIGNATURE

Signature of or on behalf of party if not legally represented Fiona Frame trading as Fantastic Florists

Capacity Defendant

Date of signature 14 January 20xx

AFFIDAVIT

Name	Fiona Frame
Address	Shop 7 Blacktown Mall, 108 Black Street, Blacktown NSW 2148
Occupation	Florist
Date	14 January 20xx

I on oath:

- 1 I am the judgment debtor.
- 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 at Blacktown
Signature of deponent Fiona Frame
Name of witness Bob Brown
Address of witness 7 Green Street, Blacktown NSW 2148
Capacity of witness Solicitor

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:~~

NSW Driver Licence

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

Signature of witness Bob Brown

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	\$	750
Social security benefits/pensions (include family payments etc)	\$	NIL
All other income (eg self-employed income, interest, dividends, rent or trust distributions)	\$	NIL
TOTAL	\$	750

PROPERTY OWNED BY YOU

Home	\$ NIL
Other property	\$ NIL
Funds in banks/financial institutions, including funds held in off-set accounts	\$1,200
Investments	\$ NIL
Motor vehicle	\$9,000 (estimated)
Household contents	\$1,500
Other personal property	\$7,000
TOTAL VALUE OF PROPERTY OWNED BY YOU	\$18,700

LIABILITIES

Estimated weekly basic living expenses (eg food, household supplies, utilities, rent, weekly payments on liabilities listed below) \$ 550

OTHER LIABILITIES	NAME OF BANK/INSTITUTION	TOTAL AMOUNT OWED
Home mortgage		\$ NIL
Other loans		\$ NIL
Credit cards	St George	\$4,000
Other liabilities (specify)		\$NIL
TOTAL		\$4,000

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:

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This is the annexure referred to in the affidavit of Fiona Frame sworn before me on 14 January 20xx.

Bob Brown

Signature of witness

[on separate page]

JUDGMENT DEBTOR'S DETAILS

Name	Fiona Frame trading as Fantastic Florists
Address	Shop 7 Blacktown Mall 108 Black Street Blacktown NSW 2148
Telephone	02 2334 4556
Email	fiona.frame@mail.com