

**SUMMONS FOR [#PROBATE #ADMINISTRATION
#ADMINISTRATION WITH THE WILL ANNEXED #RESEAL]**

Delete all # options so that it says ADMINISTRATION or
ADMINISTRATION WITH THE WILL ANNEXED

COURT DETAILS

Court	Supreme Court of New South Wales
Division	Equity
List	Probate
Registry	Sydney
Case number	Write the case number – you can find this on your published Notice of Intended Application

TITLE OF PROCEEDINGS

Plaintiff	[name/s] Write the names of every person applying for letters of administration The estate of [name of deceased] Write the full name of the deceased Late of: [suburb] Write the suburb the deceased lived in [occupation] deceased Write the occupation of the deceased Date of death: [date] Write the date the deceased died Gross value: [gross value of the estate] Write the total value of all property owned by the deceased Net value: [net value of the estate] Write the total value of all property minus the total debts
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FILING DETAILS

Filed for	[name/s] plaintiff[s] Write the name(s) of every person applying for letters of administration before the word 'plaintiff[s]'
#Legal representative	[solicitor on record] [firm] Leave this section blank or delete if you do not have a lawyer
#Legal representative reference	[reference number] Leave this section blank or delete if you do not have a lawyer
Contact name and telephone	[name] [telephone] Write your name and telephone number if you do not have a lawyer
Contact email	[email address] Write your email address, if you have one.

HEARING DETAILS

The summons is to be dealt with in the absence of the parties.

RELIEF CLAIMED

#Type of Grant being sought: [#Probate #Administration with the will annexed
#Administration]

Write Type of Grant: Administration or Administration with the will annexed.

#Reseal of grant of [type] made by [other jurisdiction]

Delete this section

#Date of will #and codicils:

If the deceased had a will and a codicil, write the date here.

Capacity of Applicant(s): #Executor(s) named in the will #A beneficiary named in the will (*if applying for administration with the will annexed*) #relationship to the deceased eg Widow, De facto spouse (*if applying for administration*). #Attorney of (name) (*if applicable*) #[If appropriate specify if (other) executors predeceased the testator, renounced probate or are otherwise unable to apply]

Specify your capacity as the person applying for the summons and cross out any part that does not apply to you.

#Qualifications or limitations on the grant:

Specify if there are any limitations on the grant. Delete this section if it does not apply.

#That the administration bond be dispensed with.

Delete this section if it does not apply to you.

SIGNATURE

#Signature of legal representative If you do not have a lawyer, delete this section

#Signature of or on behalf of party if not legally represented Sign here if you are representing yourself.

Capacity [eg plaintiff, solicitor on record, contact solicitor]
Write plaintiff.

Date of signature Write the date you signed the summons.

[on separate page]

FURTHER DETAILS ABOUT PLAINTIFF**Plaintiff**

Name [Write your name and address if you are the person applying for the grant. If there is more than one person applying, write all of their names and contact addresses](#)

Address [#\[unit/level number\] #\[building name\]](#)
 [The filing party must give the party's address.] [\[street number\] \[street name\] \[street type\]](#)
[\[suburb/city\] \[state/territory\] \[postcode\]](#)
[#\[country \(if not Australia\)\]](#)

#Frequent user identifier [\[include if the plaintiff is a registered frequent user\] **leave this section blank or delete.**](#)

#Contact details for plaintiff acting in person

Address for service [#as above](#)
 [The filing party must give an address for service. This must be an address in NSW unless the exceptions listed in UCPR 4.5(3) apply. State "as above" if the filing party's address for service is the same as the filing party's address stated above.] [#\[unit/level number\] #\[building name\]](#)
[\[street number\] \[street name\] \[street type\]](#)
[\[suburb/city\] \[state/territory\] \[postcode\]](#)

Telephone [Write your telephone number here.](#)

#Fax [Write your fax number here, if you have one.](#)

Email [Write your email here, if you have one.](#)

#Legal representative for plaintiff [Leave this section blank or delete if you do not have a lawyer.](#)

Name [\[name of solicitor on record\]](#)

Practising certificate number

Firm [\[name of firm\]](#)

#Contact solicitor [\[include name of contact solicitor if different to solicitor on record\]](#)

Address [#\[unit/level number\] #\[building name\]](#)
[\[street number\] \[street name\] \[street type\]](#)
[\[suburb/city\] \[state/territory\] \[postcode\]](#)

DX address

Telephone

Fax

Email

Electronic service address [\[#email address for electronic service eg service@emailaddress.com.au #Not applicable\]](#)