



NUMBER:

## Form 22 – Response and counter claim

Version 2

Applicant: **(NAME OF APPLICANT IN MATTER)**

AND

Respondent: **(NAME OF RESPONDENT IN MATTER)**

**TAKE NOTICE** that the respondent relies on the following facts in response to the application

### 1. Response

<input type="checkbox"/>	I admit the claims in paragraphs:
<input type="checkbox"/>	I do not admit the claims in paragraphs:
<input type="checkbox"/>	I deny the claims in paragraphs:

Material Facts: *(state concisely and in consecutively numbered paragraphs the material facts relied on to support the response)*

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**2. Counter Claim:**

I apply for the following decision:

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Material Facts: *(state concisely and in consecutively numbered paragraphs the material facts relied on to support the response)*

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**3. Further, I [make oath and say] [solemnly and sincerely affirm and declare]**

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

**4. Signature**

<b>Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

**Taken by:**

<b>Sworn/Affirmed by the deponent at:</b>		
<b>on:</b>		
<b>Signature</b>		
<b>Print Name</b>		
<b>Date</b>		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		

**5. Respondent Details**

<b>Name of Respondent</b>			
<b>Name of contact person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**6. Respondent's representative**

<b>Organisation/Firm</b>			
<b>Name of contact person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**7. Applicant Details:**

<b>Name of Applicant</b>			
<b>Contact Person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**8. Applicant's representative**

<b>Organisation/Firm</b>			
<b>Name of contact person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			