



NUMBER:

Form 59 – Response to objection

Version 2

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

AND

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

TAKE NOTICE that the applicant relies on the following facts in response to the objection.

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: of the objection because:
<input type="checkbox"/>	Other:

I [swear / affirm] that the facts set out above are true.

2. Signature

Signature	
Name	
Date	

Taken by:

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

3. Applicant's Details

Name of Applicant			
Contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

4. Applicant's representative

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

5. Respondent's Details:

Name of respondent			
Contact Person			
Postal address			
Suburb		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

6. Respondent's representative

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