|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Court Use Only | | Court at Perth | | Claim No: |
|  | |  | | |
| **Claimant** | Name: | | | |
| Respondent *Attach Form 28 if more than one respondent* | Name: | | | |
|  | | | |
|  |  | | | |
| **Schedule**  *(\*Select that which is appropriate)* | This is the Schedule referred to in the affidavit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  sworn\*/affirmed\* at (place)  On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)  Before  (Name and designation of Authorised Witness within the meaning of s. 9(6) or s. 9(8) of the *Oaths, Affidavits*  *and Statutory Declarations Act 2005* (WA))    Signature of Authorised Witness | | | |
|  | |  | | |
| SCHEDULE | | | | |
| Part 1 of Schedule | **Documents in the control or possession of the claimant\*/respondent\***  *(\*Select that which is appropriate)* | | | |
| *Attach extra sheets if necessary* | Document Number | | Description of Document | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |

See over for page 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part 2 of Schedule | **Documents the claimant\*/respondent\* objects to producing and reasons for objection**  *(\*Select that which is appropriate)* | | | | |
| *Attach extra sheets if necessary* | Document Number | Description of Document and Reasons for Objection | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | | |
| Part 3 of Schedule | **Documents not now in the possession of the claimant\*/respondent\*.**  *(\*Select that which is appropriate)* | | | | |
| *Attach extra sheets if necessary* | Description of document | | Date last in possession or control | Manner in which document ceased to be in possession or control. | Identity and address of persons believed to be in possession or control of document |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |