

NOTICE OF INTENTION TO APPEAL

COURT DETAILS

Court Supreme Court of New South Wales, Court of Appeal
Registry Sydney
Case number

TITLE OF PROCEEDINGS

[First] applicant **[name]**

#Second applicant #Number of applicants (if more than two)

[First] prospective respondent **[name]**

#Second prospective respondent #Number of prospective respondents (if more than two)

PROCEEDINGS IN THE COURT BELOW

Title below [eg X Pty Limited and another v Y and others]

Court below

Case number below

Date[s] of hearing

Material date

Decision of [Judicial officer's name and designation]

FILING DETAILS

Filed for **[name]** [role of party eg first and second applicants]

#Filed in relation to [eg whole decision below, decision below in relation to (number) cross-claim, decision below in relation to quantum]

[include only if form to be eFiled]

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [contact email]

NOTICE

The applicant[s] intend[s] to commence appeal proceedings within 3 months after the material date, that is on or before [date].

SIGNATURE

#Signature of legal representative

#Signature of or on behalf of party if not legally represented

Capacity [eg solicitor, authorised officer, role of party]

Date of signature

#PARTY DETAILS

[Include only if more than two applicants and/or more than two prospective respondents]

PROSPECTIVE PARTIES TO THE PROCEEDINGS**Applicant[s]**

[name] [role of party eg first applicant]

[repeat as required for each additional applicant]

Prospective Respondent[s]

[name] [role of party eg first prospective respondent]

[repeat as required for each additional prospective respondent]

COURT BELOW - PARTY DETAILS**PLAINTIFF['S][S'] CLAIM****Plaintiff[s]**

[name] [role of party eg first plaintiff]

[repeat as required for each additional plaintiff]

Defendant[s]

[name] [role of party eg first defendant]

[repeat as required for each additional defendant]

#[FIRST] CROSS-CLAIM**Cross-Claimant[s]**

[name] [role of party eg first cross-claimant to first cross-claim]

[repeat as required for each additional cross-claimant]

[repeat as required for each additional cross-claim]

Cross-Defendant[s]

[name] [role of party eg first cross-defendant to first cross-claim]

[repeat as required for each additional cross-defendant]

[on separate page]

FURTHER DETAILS ABOUT APPLICANT[S]**[First] applicant**

Name

Address

[The filing party must give the party's address.]

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

#[country (if not Australia)]

#Frequent user identifier

[include if the applicant is a registered frequent user]

[repeat the above information as required for the second and each additional applicant]

#Legal representative for applicant[s]

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]**#Contact details for applicant[s] acting in person or by authorised officer**

#Name of authorised officer

#Capacity to act for applicant[s]

Address for service

[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.]

#as above

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

Telephone

#Fax

Email

DETAILS ABOUT PROSPECTIVE RESPONDENT[S]**[First] prospective respondent**

Name

Address

#[unit/level number]

#[building name]

[street number]

[street name]

[street type]

[suburb/city]

[state/territory]

[postcode]

#[country (if not Australia)]

[repeat the above information as required for the second and each additional prospective respondent]