



# Mendelsons Fixed Price Fully Inclusive Legal Solutions.

## ACTION FORM

### YOUR INFORMATION

Full name(s) if an individual or company name if a company or name of trustee, if a trust:	..... ..... .....		
Address:	.....	State:.....	P/Code:.....
Contact Person and position:	Name:.....	Position:.....	
Contact Details:	.....	.....	.....
If you are a corporation your ACN or ABN:	.....		

### DETAILS OF THE PERSON OR COMPANY TO SUE ('DEFENDANT')

Full name of individual or company:	..... .....		
Contact Person:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> .....		
Contact Details:	.....	.....	.....
If a corporation, your ACN or ABN:	.....		
Address:	.....	State:.....	P/Code:.....

### PARTICULARS OF YOUR CLAIM

Nature of Debt (service or goods or other):	..... .....		
Amount of Claim:	\$.....		
Description of service or goods or other:	..... .....		
Date of services or sale of goods or other provided:	...../...../.....	Is the debt amount disputed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basis of Dispute:	..... .....		

Does the Defendant have any claim against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, full details of claim:..... ..... ..... .....
Further relevant information and additional comments:	..... ..... .....		

**YOUR ACTION TO DATE**

Has there been any correspondence with the Defendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, summarize:..... ..... .....
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**YOUR DOCUMENTS**

Please provide copies of the following documents	<ul style="list-style-type: none"> <li>• Contract/Agreement</li> <li>• Credit Application</li> <li>• Invoices/Statements</li> <li>• Correspondence (including emails)</li> <li>• Enrolment Forms</li> <li>• New Customer/Client/Patient Forms</li> <li>• Directors Guarantees</li> <li>• Correspondence between you and the Defendant</li> </ul>
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**YOUR INSTRUCTIONS**

I/We instruct Mendelsons Lawyers to sue the Defendant and confirm that I have read the Engagement Agreement, the Mendelsons Fixed Price Fully Inclusive Legal Solutions notes and acknowledgement that they form part of this authority.

Sign:...../...../20

Your name:.....

Your position (*tick one box only*)

Principal  Director  Employee

**TO PROCEED IS SIMPLE**

1. Complete this form.
2. Post, fax or email to Mendelsons Lawyers  
Private Bag 6, Mitcham, 3132  
Fax: (03) 9872 4757  
Email: legal@mendelsons.com.au

**NO NEED TO PAY NOW**  
We will email a tax invoice to you.  
**You are committed only after you have paid.**