

SECOND-HAND VEHICLE DEALERS ACT 1995 APPLICATION

Magistrates Court of South Australia (Civil Division)

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Court Use
Date Filed:
Date Posted:
Service on the Commissioner for Consumer Affairs:

Trial Court				Action No		
Address	<i>Street</i>			<i>Telephone</i>	<i>Facsimile</i>	<i>DX</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>	<i>Email Address</i>		

Amount Claimed (if any)	\$	
Court Fee on Filing	\$	
Service and Other Fee	\$	
Solicitor's Fee	\$	
TOTAL CLAIMED	\$	

Purchaser						
Full Name						
Address <small>(Registered Office, if Body Corporate)</small>	<i>Street</i>			<i>Telephone</i>	<i>Facsimile</i>	
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>	<i>Email Address</i>		
Solicitor (if any)						

Dealer						
Full Name						
Address <small>(Registered Office, if Body Corporate)</small>	<i>Street</i>			<i>Telephone</i>	<i>Facsimile</i>	
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>	<i>Email Address</i>		
Solicitor (if any)						

You both must attend at the Trial Court for the Directions Hearing fixed by the Court or this application may be decided without you. If the amount claimed is more than \$12,000, you may elect at the Directions Hearing to remove this claim from the minor civil jurisdiction and then a higher cost scale applies and you can be represented by a lawyer at the trial. If the amount claimed is \$12,000 or less, or if you make no election, a lawyer cannot represent you at the trial (subject to some exceptions in s 38(4)(a) of the Magistrates Court Act 1991) and the minor civil cost scale will apply.

The vehicle is a	(type/model), registration number
purchased from the dealer on the	day of 20 .
Has the Commissioner of Consumer Affairs recorded an agreement? <small>If the answer is "yes", please attach a copy of the agreement to this form.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want the dealer to repair defects in the vehicle? <small>If the answer is "yes", please attach a list of those defects.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want compensation for the cost of someone else fixing the defects in the vehicle and/or any other loss or damage? <small>If the answer is "yes", please attach a summary of the amounts claimed together with relevant invoices/quotes.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
..... Date APPLICANT

