Form 19

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| NOTICE OF HEARING OF ASSESSMENT**Magistrates Court of South Australia (Civil Division)**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) |
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| Trial Court |       | Action No |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **TO:** |
| Full Name |       |
| and |
| Full Name |       |
| and |
| Full Name |       |
| No defence has been filed. The plaintiff has signed judgment. The amount of the plaintiff’s damages will be assessed and other order, remedy or relief granted at the Trial Court on the       day of       20      at       am/pm.**The parties must attend in person.** If you are unable to attend due to remoteness or other proper cause, you must make prior arrangements with the Registrar of the Trial Court to be available at the appointed time by telephone or video link. An insurer, which is subrogated to the rights of the party, may attend on behalf of that party.If you need an INTERPRETER, you must immediately advise the Trials/Listings Section of the TRIAL COURT of the language and dialect you require. Give your name, action number and the date of hearing.I certify that I have given a copy of this Notice to the parties shown above. |
|   Date REGISTRAR |