Form 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLAIM  **Magistrates Court of South Australia (Civil Division)**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au) | | | | | | | | | | | | | | | | | Court Use  Date Filed  Date of Posting  PI MVA – Served Allianz: | |
|  | | | | | | | | | | | | | | | | | | |
| Trial Court |  | | | | | | | | | | | Action No | | |  | | | |
| Address |  | | | | | | | | | |  | | | |  | | |  |
|  | *Street* | | | | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* |
|  |  | | | | | |  | | |  | |  | | | | | | |
|  | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | *Email Address* | | | | | | |
| Amount Claimed (if any) | | | | | | $ | | | | | |
| Court Fee on Filing | | | | | | $ | | | | | |
| Service and Other Fee | | | | | | $ | | | | | |
| Solicitor’s Fee | | | | | | $ | | | | | |
| TOTAL CLAIMED | | | | | | $ | | | | | |
| **Type of claim** *(tick)* | | | | | | | | | | | | | | | | | | |
| Building | | | | | | Contract | | | | | | | Corporations Law | | | | | |
| Criminal Assets Confiscation | | | | | | Debt | | | | | | | Equity | | | | | |
| Motor Vehicle Property | | | | | | Personal Injury Motor Vehicle | | | | | | | Other Personal Injury | | | | | |
| Retail and Commercial Lease | | | | | | Workers Lien | | | | | | | Debt – Tribunal Order | | | | | |
| Detinue | | | | | | Construction Contract Payment | | | | | | | Other (specify) | | | | | |
| This claim is  liquidated  unliquidated | | | | | | | | | | | | | | | | | | |
| **Method of service** *(tick)* | | | | | | | | | | | | | | | | | | |
| Registrar | | | Sheriff | | | | | | Plaintiff’s Solicitor | | | | | | | Party | | |
| **Plaintiff/s** | | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | | | | | | | | |  | | | |  | | |  |
|  | *Street* | | | | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* |
|  |  | | | | | |  | | |  | |  | | | | | | |
|  | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | *Email Address* | | | | | | |
| Solicitor for Plaintiff/s (name) | | | |  | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | |  | | | |  | | |  |
|  | *Street* | | | | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* |
|  |  | | | | | |  | | |  | |  | | | | | | |
|  | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | *Email Address* | | | | | | |
| **Defendant/s** | | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | | | | | | | | |  | | | |  | | |  |
|  | *Street* | | | | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* |
|  |  | | | | | |  | | |  | |  | | | | | | |
|  | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | *Email Address* | | | | | | |
| Solicitor for Defendant/s (name) | | | | |  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | |  | | | |  | | |  |
|  | *Street* | | | | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* |
|  |  | | | | | |  | | |  | |  | | | | | | |
|  | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | *Email Address* | | | | | | |
| **PARTICULARS:** State what you want from the Court. Briefly state the date, place and circumstances from which the claim arose. Where the claim is for damages the amount claimed for each head of damages must be given (e.g. an amount for pain and suffering or economic loss etc.). The plaintiff or his/her solicitor must sign and date each page. There are cost penalties for making an unsuccessful claim or counterclaim. | | | | | | | | | | | | | | | | | | |
| Date PLAINTIFF | | | | | | | | | | | | | | | | | | |
| **DEFENDANT/S - If you have a defence or counterclaim you must, within 21 days from service of this claim, go to your nearest court and file a defence and/or counterclaim.**  **TAKE THIS FORM WITH YOU**  **If you do nothing, the plaintiff may get judgment against you.**  **If you consent to judgment, please sign and return this form to the Trial Court (address above).** | | | | | | | | | | | | | | | | | | |
| I,       consent to judgment for the total claimed.    Date DEFENDANT | | | | | | | | | | | | | | | | | | |

**AFFIDAVIT OF PROOF OF SERVICE**

|  |  |  |
| --- | --- | --- |
| I,       of | | |
| Occupation: |  | |
| MAKE OATH AND SAY that: | | |
| I. I did on the       day of       20     , between the hours of       and       duly serve the within named defendant       with this claim and Form 17 and any applicable form under the *Service and Execution of Process Act 1992* (Cth). | | |
| (Please tick the appropriate box) | | |
| By personal service on the person. | | |
| By service on the solicitor acting for the person. | | |
| By leaving it for the person at the address of the place of dwelling or business of the person with someone apparently above the age of 14 years. | | |
| By depositing it for the person at the DX addressed to the DX number of the person or the solicitor acting for the person. | | |
| By leaving it at the registered office of the body corporate. | | |
| By sending it by prepaid post addressed to the strata corporation at its site or its post office box. | | |
| By prepaid post addressed to the community corporation or to the presiding officer, treasurer or secretary at the postal address of the community corporation or by placing it in the community corporation’s letterbox. | | |
| By fax directed to the fax number of the person or the solicitor acting for the person during normal business hours on a business day. | | |
| By service on one partner or at the principal place of business of the firm. | | |
| By sending it by prepaid post addressed to the person at -  (note - unless the court is satisfied that the document served by this method came to the attention of the defendant the plaintiff is not entitled to costs thrown away if the judgment is set aside-rule 106(8)) | | |
| By  (here describe any other authorised means of service) | | |
| II. I served the person at (state the address, DX number, fax number etc.) | | |
| III. I necessarily made       trips and travelled       kilometres for the purpose of effecting the service. | | |
| SWORN before me at  on the       day of       20  Signature  (Person authorised to take Affidavits)  (e.g. Justice of the Peace) | | SERVER |