Form 51

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| APPLICATION**Magistrates Court of South Australia (Civil Division)**[www.courts.sa.gov.au](http://www.courts.sa.gov.au)*National Credit Code* | Court UseDate Filed: |
|  |
| 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 | $      |
| **Applicant**  |
| Full Name |       |
| Address*(Registered Office, if Body Corporate)* |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Solicitor (name) |       |
| **Respondent** |
| Full Name |       |
| Address*(Registered Office, if Body Corporate)* |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Solicitor (name) |       |
| **Particulars of action and remedy**1. Briefly state the date, place and circumstances from which the claim arose:

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| 1. State the applicable section/s of the Code and remedy or relief sought:

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| 1. Give the name, address, phone, fax, e-mail address of any person whose interests may be affected by the grant of the relief requested. State if that person is a supplier:

      |
|   Date APPLICANT |