APPLICATION

Magistrates Court of South Australia (Civil Division) www.courts.sa.gov.au

National Credit Code

Coi	1	
c.ni	IIT	 20

Date Filed:

Trial Court					Action No				
Address	Street			Telepho	one Facsimile DX				
Address	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							5.4		
(Registered Office, if Body Corporate)	Street			Telepho	one	Facsimile	DX		
" Body Corporate)	City/Town/Suburb	State	Postcode		Email Address				
Solicitor (name)									
Respondent									
Full Name							.		
Address	Street			Telepho	Telephone Facsimile DX				
(Registered Office, if Body Corporate)	City/Town/Suburb State Postcode		Email Address						
Solicitor (name)									
 Particulars of action and remedy Briefly state the date, place and circumstances from which the claim arose: State the applicable section/s of the Code and remedy or relief sought: 									
3. 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 APPLICAN				 PLICANT					