Form 7

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| STATUTORY APPLICATION**Magistrates Court of South Australia (Civil Division)**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) | Court UseDate FiledDate of Posting |
|  |
| **This Statutory Application is made under:** *(state Act and identify provisions)*       |
| Trial Court |       | Action No |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Damages, value of property or sum claimed (if any) | $      |
| Court Fee on Filing | $      |
| Service and Other Fee | $      |
| Solicitor’s Fee | $      |
| TOTAL CLAIMED | $      |
| **Plaintiff/s / Applicant/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 / Other Party/ies** |
| 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 OF ACTION AND REMEDY:**1. Briefly state the date, place and circumstances from which the action arose:

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| 1. State remedy or relief sought:

      |
|   Date PLAINTIFF |
| I certify that I have served a copy of the Application on the Defendant/s / Other Party/ies at the address shown above. |
|   Date REGISTRAR |