Form 7

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATUTORY APPLICATION  **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 | | |
|  | | | | | | | | | | | |
| **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: | | | | | | | | | | | |
| 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 | | | | | | | | | | | |