Form 8

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| APPLICATION  **Magistrates Court of South Australia (Civil Division)**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Unclaimed Goods Act 1987, Warehouse Liens Act 1990*  and *Second-hand Dealers and Pawnbrokers Act 1996* | | | | | | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | | | | | | |
| Trial Court |  | | | | | | | | | Action No | |  | | |
| Address |  | | | | | | | |  | | |  | |  |
|  | *Street* | | | | | | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  | | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| *Unclaimed Goods Act 1987* | | | | *Warehouse Liens Act 1990* | | | | *Second-hand Dealers & Pawnbrokers Act 1996* | | | | | | |
| Value of property in dispute | | | $ | | | | |
| Court Fee on issue | | | $ | | | | |
| Service and Other Fee | | | $ | | | | |
| Solicitor’s Fee | | | $ | | | | |
| TOTAL | | | $ | | | | |
| **Plaintiff/s / Applicant/s** | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | | | | | | |  | | |  | |  |
|  | *Street* | | | | | | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  | | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| Solicitor (name) | |  | | | | | | | | | | | | |
| Address |  | | | | | | | |  | | |  | |  |
|  | *Street* | | | | | | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  | | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| **Defendant/s / Bailor/s / Second-hand Dealer** | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | | | | | | |  | | |  | |  |
|  | *Street* | | | | | | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  | | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| Solicitor (name) | |  | | | | | | | | | | | | |
| Address |  | | | | | | | |  | | |  | |  |
|  | *Street* | | | | | | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  | | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | *Email Address* | | | | |

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| **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/APPLICANT |
| I certify that I have served a copy of the Application on the defendant(s)/bailor(s) at the address shown above.  ***Unclaimed Goods Act 1987*** – I certify that I have served a copy of the Application and this notice on the Commissioner of Police. |
| Date REGISTRAR |