Form 9

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AUSTRALIAN CONSUMER LAW (SA) APPLICATION  **Magistrates Court of South Australia (Civil Division)**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au) | | | | | | | | | | | Court Use  Date 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) | |  | | | | | | | | | | |
| Address |  | | | | | |  | | |  | |  |
|  | *Street* | | | | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  | | |  | |  | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | *Email Address* | | | | |
| **Respondent** | | | | | | | | | | | | |
| 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* | | | | |
| **Particulars of action and remedy**   1. Briefly state the date, place and circumstances from which the action arose: | | | | | | | | | | | | |
| 1. State the applicable section or sections and remedy or relief sought: | | | | | | | | | | | | |
| 3. Give the name, address, phone, fax, e-mail number of any person whose interests may be affected by the grant of the relief requested. State if that person is a supplier: | | | | | | | | | | | | |
| Date APPLICANT | | | | | | | | | | | | |
| I certify that I have served a copy of the application on the respondent/s at the address/s shown above.    Date REGISTRAR | | | | | | | | | | | | |