Form 9

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| AUSTRALIAN CONSUMER LAW (SA)APPLICATION**Magistrates Court of South Australia (Civil Division)**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) | Court UseDate 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:

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| 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 |