Form 9A

CRIMINAL ASSETS CONFISCATION ACT 2005 APPLICATION

Court Use

Date Filed:

Date of Posting

Magistrates	Court of	South	Australia	(Civil	Division)
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Trial Court										
Address	Stree	Street			Telephone		Facsimile	DX		
	City/	Town/Suburb	State	Postcode		Email Address				
Value of property or sum claimed (if any) \$										
Court Fee on filing			\$							
				\$						
Applicant/s										
Full Name							1			
Address	Stroo	Street			Telephone Facsimile DX					
(Registered Office, if Body Corporate)	3//86	Street			relephone		Facsimile	DA		
	City/	City/Town/Suburb State			Email Address					
Defendant/s	/ Ot	her Party/ies								
Full Name										
Address										
(Registered Office,	Stree	et			Teleph	one	Facsimile	DX		
if Body Corporate)	City/	Town/Suburb	State	Postcode		Email Address				
Solicitor (name	e)									
Address	Stree	Street			Telephone		Facsimile	DX		
	City/	City/Town/Suburb State		Postcode	Postcode Email /		Address			
Particulars of	of ac	tion and remedy								
1. Briefly sta	ate th	e date, place and circumstance	s from which	the actio	n aros	e:				
2. State remedy or relief sought:										
3. If the app	licant	t wishes to proceed without not	ification to any	/ other p	art, ple	ease state w	hy:			
Date					APPLICANT					
		Registry								
Hearing deta	ails				Time		9	am/pm		
	Telephone Facsimile				Em	Email Address				
Date MAGISTRATES COURT										
NOTICE TO APPLICANT										
An application for an order under the Criminal Assets Confiscation Act 2005 must be accompanied by an attached										
schedule specifying the property relevant to the application or the property-tracking documents if required.										