To be inserted by Court		
Case Number:		
Date Filed:		
FDN:		
	STATEMENT OF CLA	IM
[SUPREME/DISTRICT/MAGI CIVIL JURISDICTION [MINOR CIVIL] If applicable [NAME OF LIST] LIST If applicab	STRATES] Delete all but one COURT OF SOUTH A	AUSTRALIA
Please specify the Full Name including capac number if more than one party of the same typ		lame (if applicable) for each party. Each party should include a party
First Applicant		
First Respondent		
First Interested Party		
Lodging Party		
Name of law firm / solicitor	Full Name (including Also Known as, capacity (eg Administrator, Li	quidator, Trustee) and Litigation Guardian Name (if applicable))
lf any	Law Firm	Solicitor
Part 1 Introduction by Applicant Summary of claim - Summarise the claim in one or two sentences		
Legal basis of claim - List causes of action/statutory claims		
Part 2 Background/uncontrovers Facts expected to be agreed in separate nur 1.	ial matters mbered paragraphs	

Form 8		
Part 3 Other facts forming the basis of the claim Other material facts that support the claim in addition to those in Part 2 in separate numbered part 2.	aragraphs. Be very particular about each matter – e.g. when did it occur, where did it	
Part 4 Orders sought Outline orders sought in separate numbered paragraphs 1.		

Form 8

	ification ppropriate section below with an 'x'
[] As the filing lawyer, I certify that this pleading is filed in accordance with the instructions of the party/parties for whom I act. There is a proper basis for each allegation of fact in the pleading and it complies with the Rules of Court.
[] As a Litigant in Person (self-represented), I am responsible for filing this pleading. Each allegation of fact in the pleading is true to the best of my knowledge, information and belief.
Signa	ature
Nam	pe printed
Date	