**STATEMENT OF CLAIM**

MAGISTRATESCOURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

MINOR CIVIL

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

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| --- | --- |
| Lodging Party |  |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** |
| Name of law firm / solicitor**If any** |  |  |
| **Law Firm** | **Solicitor** |

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| **Part 1****Introduction by Applicant****Summary of claim - Summarise the claim in one or two sentences****Part 2****Background/uncontroversial matters****Facts expected to be agreed in separate numbered paragraphs**1. **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 paragraphs. Be very particular about each matter – e.g. when did it occur, where did it occur, what occurred.**1. **Part 4****Orders sought****Outline orders sought in separate numbered paragraphs**1.  |

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| **Certification****Mark appropriate 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 itcomplies 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.…………………………………….Signature…………………………………….Name printed…………………………………….Date |