**DEFENCE**

[*SUPREME/DISTRICT/MAGISTRATES*] **Delete all but one** COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

[*MINOR CIVIL*] **If applicable**

[*NAME OF LIST*] LIST **If applicable**

**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

First Interested Party

|  |  |
| --- | --- |
|  |  |
| **Party Title** | **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** |
| Address for service |  |
| **Street Address (including unit or level number and name of property if required)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Phone Details |  |
| **Type - Number** |

**Duplicate panel if multiple Parties**

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| **Defence**The defence of the abovenamed party is set out in the attached Defence Details. |

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| **Service**The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |