**REPLY BY [PARTY TITLE] TO DEFENCE OF [PARTY TITLE]**

[*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

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

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| **REPLY**  **Part 1**  **Background/**uncontroversial **matters**  **Part 2**  **Other facts forming the basis of the claim**  **Part 3**  **Orders sought** |

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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 |