**REQUEST FOR PAYMENT OUT OF COURT**

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

[*COURT OF APPEAL*] **If applicable**

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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| --- |
| **Payment details**Date of Order for Payment Out:Party Entitled to Payment Out:Amount to be Paid Out (including accrued interest if applicable): $[*amount*] |

|  |
| --- |
| **Payee Details** |
| Name |  |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** |
| Address |  |
| **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** |
| Payment Method | [ ] Bank Account [ ] Cheque |
| **Mark appropriate section with an ‘x’** |
| Bank Account Details |  |  |  |
| **Account Name** | **Account Number** | **BSB** |

|  |
| --- |
| **Signed****Mark appropriate section below with an ‘x’**[ ] Signed by the solicitor for the party entitled to payment out [ ] Signed by the party entitled to payment out …………………………………………Signature of …………………………………………Name printed………………………….Date |