**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** | |

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| **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 |