

To be inserted by Court

Case Number:

Date Filed:

FDN:

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 |

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 | | <input type="checkbox"/> Bank Account <input type="checkbox"/> Cheque Mark appropriate section with an 'x' | |
| Bank Account Details | | Account Name | BSB |
| | | Account Number | |

| Signed |
|---|
| Mark appropriate section below with an 'x' <input type="checkbox"/> Signed by the solicitor for the party entitled to payment out <input type="checkbox"/> Signed by the party entitled to payment out Signature of Name printed Date |