PART A – Court registry copy

REGISTRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA (CIVIL JURISDICTION)	Case number:
	FORM 9 - THIRD PARTY CLAIM	Date lodged:
Claimant	Name:	
	Address:	
		Postcode:
Defendant	Name:	
	Address:	
		Postcode:
Third party	Name:	
	Address:	
		Postcode:
<b>To: Third party</b> Full names ( <i>if known</i> ):		
TAKE NOTICE that claim.	this case has been brought by the claimant against the defendant in	the terms of the attached
The defendant claims		
[State concisely the nat	ure of the claim against the third party]:	
		·
		·
		·
On the grounds that:		
	unds of the claim against the third party]:	

### If you wish to dispute the claimant's claim against the defendant or the defendant's claim against you:

You must within 14 days after being served with this third party claim, lodge a response. Your response must be lodged with the registry of the court from which the claim was issued. The defendant must within 14 days of receiving the response, lodge and serve on you a statement of third party claim. You must within 14 days of receiving the statement of third party claim, lodge and serve on the Defendant a statement of third party defence.

## IF YOU DO NOTHING THE DEFENDANT MAY CLAIM INDEMNITY, CONTRIBUTION OR ANY RELIEF OR REMEDY RELATING TO OR CONNECTED WITH THE SUBJECT MATTER OF THIS CASE FROM YOU.

The defendant who is making a third party claim [or his or her lawyer] must sign and date each page. This form (together with a copy of the claim) must be served on the third party and all other parties to the case.

					-		
Defendant or	r Defendant's lawyer:		Date:		Court Seal		
The below inf	formation must be complete	ed					
I	Defendant or defenda	nt's lawyer					
Lodged by							
Address for							
service	service						
Contact	Telephone:	Lawyer's ref:	Fax:	Email:			
details							

Claimant  Name: Address: Post  Post  Third party Full names (if known): Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:			B – Third party service copy
Claimant  Name:  Address:  Post  Post  Address:  Address:  Post  Third party  Name:  Address:  Address:  Post  To: Third party  Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:	STRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA (CIVIL JURISDICTION)	Case number:
Address:  Post  Post  Address:  Address:  Post  Post  Third party  Name:  Address:  Post  To: Third party  Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:		FORM 9 - THIRD PARTY CLAIM	Date lodged:
Defendant Name: Address: Post  Third party Name: Address: Post  To: Third party Full names (if known): Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim. The defendant claims against you:	ant	Name:	
Defendant  Name:  Address:  Post  Third party  Name:  Address:  Post  To: Third party  Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:		Address:	
Address:  Post  Third party  Name:  Address:  Post  To: Third party  Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:			Postcode:
Third party  Name:  Address:  Post  To: Third party  Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:	lant	Jame:	
Third party  Name:  Address:  Post  To: Third party Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:	_	address:	
Address:  Post  To: Third party Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:			Postcode:
	party	Jame:	
To: Third party Full names (if known):  Addresses:  TAKE NOTICE that this case has been brought by the claimant against the defendant in the terms of the claim.  The defendant claims against you:	_	Address:	
Full names (if known):			Postcode:
The defendant claims against you:	E NOTICE that thi		the terms of the attached
	efendant claims ag		
On the grounds that: [State concisely the grounds of the claim against the third party]:			

#### If you wish to dispute the claimant's claim against the defendant or the defendant's claim against you:

You must within 14 days after being served with this third party claim, lodge a response. Your response must be lodged with the registry of the court from which the claim was issued. The defendant must within 14 days of receiving the response, lodge and serve on you a statement of third party claim. You must within 14 days of receiving the statement of third party claim, lodge and serve on the Defendant a statement of third party defence.

# IF YOU DO NOTHING THE DEFENDANT MAY CLAIM INDEMNITY, CONTRIBUTION OR ANY RELIEF OR REMEDY RELATING TO OR CONNECTED WITH THE SUBJECT MATTER OF THIS CASE FROM YOU.

The defendant who is making a third party claim [or his or her lawyer] must sign and date each page. This form (together with a copy of the claim) must be served on the third party and all other parties to the case.

Defendant or Defendant's lawyer:			Date:			Court Seal
The below in	nformation must be complete	ed				
Lodged	Defendant or defendan	t's lawyer				
by	Other					
Address						
for service						
Contact details	Telephone:	Lawyer's ref:	Fax		Email:	

REGISTRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA (CIVIL JURISDICTION)  FORM 9 - THIRD PARTY CLAIM	PART C – Defendant's cop  Case number:  Date lodged:
Claimant	Name:	
	Address:	
		Postcode:
Defendant	Name:	
	Address:	
		Postcode:
Third party	Name:	
	Address:	
		Postcode:
<b>To: Third party</b> Full names ( <i>if known</i> )	n):	
Addresses:		
	at this case has been brought by the claimant against the defendant in	the terms of the attached
[State concisely the n	nature of the claim against the third party]:	

On the grounds that:

[State concisely the grounds of the claim against the third party]:					
<del></del>					

### If you wish to dispute the claimant's claim against the defendant or the defendant's claim against you:

You must within 14 days after being served with this third party claim, lodge a response. Your response must be lodged with the registry of the court from which the claim was issued. The defendant must within 14 days of receiving the response, lodge and serve on you a statement of third party claim. You must within 14 days of receiving the statement of third party claim, lodge and serve on the Defendant a statement of third party defence.

## IF YOU DO NOTHING THE DEFENDANT MAY CLAIM INDEMNITY, CONTRIBUTION OR ANY RELIEF OR REMEDY RELATING TO OR CONNECTED WITH THE SUBJECT MATTER OF THIS CASE FROM YOU.

The defendant who is making a third party claim [or his or her lawyer] must sign and date each page. This form (together with a copy of the claim) must be served on the third party and all other parties to the case.

Defendant or Defendant's lawyer:			Date:			Court Seal
The below in	nformation must be complete	d				
Lodged	Defendant or defendant's lawyer					
by	Other					
Address						
for service	rvice					
Contact details	Telephone:	Lawyer's ref:		Fax:	Email:	

# MAGISTRATES COURT of WESTERN AUSTRALIA (CIVIL JURISDICTION) FORM 15C - RESPONSE TO THIRD PARTY CLAIM

Registry:					Case number:				
Claimant									
Defendant									
Third Party									
	all name of party res	ponding)							
	PAF	RT D -INTENTION	TO DEFEND	THIRD PA	ARTY CLAIM				
☐ intend	intend to defend this claim.								
Third party of	or lawyer:				Date:				
The below information must be completed									
Lodged by Defendant or defendant's lawyer Other									
Address for service	Address for Address for								
Contact details	Telephone:	Lawyer's ref:	Fax:		E mail:				