

**MAGISTRATES COURT of WESTERN AUSTRALIA  
(CIVIL JURISDICTION)  
RESPONSE TO MINOR CASE CLAIM  
FORM 15A**

<b>Registry:</b>	<b>Case number:</b>
<b>Claimant</b>	
<b>Defendant</b>	

**ADMISSION OF MINOR CASE CLAIM**

I ..... ( full name of defendant)			
Tick [ <input checked="" type="checkbox"/> ] appropriate box			
<input type="checkbox"/> <b>Admit to the total amount claimed and I offer to pay the amount admitted:</b>			
<input type="checkbox"/> by way of instalments of \$ _____ per week/fortnight/month commencing on (date) _____; <b>OR</b>			
<input type="checkbox"/> In full on or before (date).			
<b><u>Un-Liquidated Claim only in excess of \$1000.00</u></b>			
<input type="checkbox"/> Admit liability and make application to the Court to determine the amount that should be awarded for the claim.			
Signature of defendant		Date	

**INTENTION TO DEFEND MINOR CASE CLAIM**

I ..... ( full name of defendant)			
Tick [ <input checked="" type="checkbox"/> ] appropriate box			
<b>Intention to defend</b>	<input type="checkbox"/> I intend to defend the full amount of this claim. <input type="checkbox"/> I admit liability for part of the claim made and intend to defend the balance of the claim. I offer the sum of \$ _____ as full satisfaction of the claim.  <i>(See below for application for change of venue)</i>		
<b>Application for change of venue</b>	<input type="checkbox"/> I wish to make application to the Court for the case to be conducted at another place within the state of Western Australia.  Name of place ..... <i>(See over the page for application)</i>		
Signature of defendant		Date	
Address for service	..... ..... .....		
Contact details	Telephone:	Defendant ref:	Fax: E mail:

