

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

Registry:	Case number:
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Claimant	
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Defendant	
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Third Party	
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INTENTION TO DEFEND THIRD PARTY CLAIM

I	(full name of third party)
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Intention to defend	I intend to defend this claim.
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Signature of third party or lawyer	Date	
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Address for service
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Contact details	Telephone:	Lawyer's ref:	Fax:	E mail:
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