

REGISTRY AT:

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
GENERAL PROCEDURE CLAIM
(CONSUMER/TRADER)
FORM 7**

Case number:

Date lodged:

Claimant
 Consumer
 Trader (full trading name)

Name: _____

Address: _____ Postcode: _____

Defendant
 Consumer
 Trader (full trading name)

Name: _____

Address: _____ Postcode: _____

See PART C for information

CLAIMANT'S ADDRESS FOR SERVICE

Tick [✓] appropriate box and insert address details below:

- Residential or principal place of business address:
- Registered Office address:
- Lawyer – principal place of business address:

METHOD OF SERVICE

Tick [✓] appropriate box Claimant Bailiff

CONTACT DETAILS

Telephone:	_____	Claimant ref:	_____
E-mail:	_____	Fax:	_____

Amount of claim:	_____
Court filing fee:	_____
Service fee:	_____
Travelling fee:	_____
Lawyer's letter of demand: <i>(claim exceeding \$10,000)</i>	_____
Lawyer's costs: <i>(claim exceeding \$10,000)</i>	_____
Total claimed:	_____
Re-issue / /	_____
Total claimed:	_____
Extra fees:	_____

Signature: claimant or lawyer

Court Seal

REMEDY OR RELIEF SOUGHT tick [✓] appropriate box

<input type="checkbox"/> The performance of work	<input type="checkbox"/> The provision of services
<input type="checkbox"/> The payment of an amount of money	<input type="checkbox"/> The relief from payment of an amount of money
<input type="checkbox"/> The return of goods	<input type="checkbox"/> The replacement of goods

DESCRIPTION OF CLAIM: is as follows (or attached)

Case Noof 20.....

FEES PAID

LODGEMENT OF CLAIM

\$..... Rec No..... Date / /20.....

LODGEMENT OF COUNTER/THIRD PARTY CLAIM

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

APPLICATION FOR HEARING

\$..... Rec No..... Date / /20.....

HALF DAILY HEARING ALLOCATION FEE

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

APPLICATIONS

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

ASSESSMENT OF COSTS

\$..... Rec No..... Date / /20.....

OTHER

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

\$..... Rec No..... Date / /20.....

PART B – Claimant’s copy

REGISTRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA (CIVIL JURISDICTION) GENERAL PROCEDURE CLAIM (CONSUMER/TRADER) FORM 7	Case number: Date lodged:
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Claimant <input type="checkbox"/> Consumer <input type="checkbox"/> Trader (full trading name)	Name:		
	Address:		Postcode

Defendant <input type="checkbox"/> Consumer <input type="checkbox"/> Trader (full trading name)	Name:		
	Address:		Postcode

See PART C for information

CLAIMANT’S ADDRESS FOR SERVICE			
<i>Tick [✓] appropriate box and insert address details below:</i>			
<input type="checkbox"/> Residential or principal place of business address:			
<input type="checkbox"/> Registered Office address:			
<input type="checkbox"/> Lawyer – principal place of business address			

METHOD OF SERVICE			
<i>Tick [✓] appropriate box</i> <input type="checkbox"/> Claimant <input type="checkbox"/> Bailiff			
CONTACT DETAILS			
Telephone:		Claimant ref:	
E-mail:		Fax:	

Amount of claim:	
Court filing fee:	
Service fee:	
Travelling fee:	
Lawyer’s letter of demand: <i>(claim exceeding \$10,000)</i>	
Lawyer’s costs: <i>(claim exceeding \$10,000)</i>	
Total claimed:	
Re-issue / /	
Total claimed:	
Extra fees:	

Signature: claimant or lawyer	
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Court Seal

See Part C for information	
REMEDY OR RELIEF SOUGHT <input type="checkbox"/> <i>tick [✓] appropriate box</i>	
<input type="checkbox"/> The performance of work	<input type="checkbox"/> The provision of services
<input type="checkbox"/> The payment of an amount of money	<input type="checkbox"/> The relief from payment of an amount of money
<input type="checkbox"/> The return of goods	<input type="checkbox"/> The replacement of goods
DESCRIPTION OF CLAIM: is as follows (or attached)	

PART C – INFORMATION FOR CLAIMANT

PLEASE READ THIS FORM THOROUGHLY

The following information is a guide only. A fact sheet containing detailed information on court procedures is available from any Magistrates Court Registry or at www.magistratescourt.wa.gov.au

For legal advice you should see a lawyer.

CLAIMANT	<ul style="list-style-type: none">Your full name or the full name of your company or business.
DEFENDANT	<ul style="list-style-type: none">The full name or the name of the company or business you are issuing the claim against.
METHOD OF SERVICE	<ul style="list-style-type: none">You may choose to have the claim served by a bailiff (fees will apply) or you may choose to serve the claim yourself. If you elect to serve the claim yourself you should obtain information from a registry of the Magistrates Court as to the authorised methods to serve a claim.
CONSUMER/TRADER CLAIM	<ul style="list-style-type: none">A consumer/trader claim is a claim that arises out of a contract for the supply of goods or the provision of services between a consumer and a trader.You are a trader if you supply goods or services as part of your business.You are a consumer if you are a <u>natural person</u> who has hired or bought goods or services for private use.
DETAILS OF CLAIM	<ul style="list-style-type: none">A description of the dispute between the consumer and the trader (e.g. date of transaction, date when problem arose and details of the transaction or problem).
RELIEF REQUIRED	<ul style="list-style-type: none">If claiming monetary relief then you must state the value of your claim. The court registry will assess the fees applicable for the issue of the claim. This will be added to your claim amount to reveal a total amount of claim.
STATEMENT OF CLAIM	<ul style="list-style-type: none">If the defendant has given notice of intention to defend your claim, you will be given notice by the Court along with a copy of the defendant's response and statement of defence if lodged at the same time as the defendant's response.The defendant at this time must lodge and serve any counterclaim or third party claim. You must within 14 days of receipt of the counterclaim (if any) lodge a response.You must within 14 days after the defendant lodges a response indicating an intention to defend the claim, request a Registrar to list the case for a pre-trial conference and pay the prescribed fee.
SIGNATURE	<ul style="list-style-type: none">It is necessary for you to sign each copy of the claim form within this package.
ADDRESS FOR SERVICE	<ul style="list-style-type: none">This is the address to which the Court and the defendant will send/serve documents and notices on you.A document lodged in relation to a case must contain a residential or business address for service or in the case of a corporation, registered office or principal place of business.To enable a party to serve documents by email or fax, an email address or fax number may be provided in addition to the above.
CONTACT DETAILS	<ul style="list-style-type: none">It is suggested that you include a contact telephone number, which will allow the defendant or court to contact you if the need arises.

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Case number:

Date lodged:

Claimant <input type="checkbox"/> Consumer <input type="checkbox"/> Trader (full trading name)	Name:	
	Address:	Postcode:

Defendant <input type="checkbox"/> Consumer <input type="checkbox"/> Trader (full trading name)	Name:	
	Address:	Postcode:

See PART E for information

CLAIMANT’S ADDRESS FOR SERVICE

Tick [✓] appropriate box and insert address details below:

Residential or principal place of business address:
 Registered Office address:
 Lawyer – principal place of business address:

METHOD OF SERVICE
Tick [✓] appropriate box Claimant Bailiff

CONTACT DETAILS

Telephone:		Claimant ref:	
E-mail:		Fax:	

Amount of claim:	
Court filing fee:	
Service fee:	
Travelling fee:	
Lawyer’s letter of demand: <i>(claim exceeding \$10,000)</i>	
Lawyer’s costs: <i>(claim exceeding \$10,000)</i>	
Total claimed:	
Re-issue / /	
Total claimed:	
Extra fees:	

Signature: claimant or lawyer	
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Court Seal

See Part E for information

REMEDY OR RELIEF SOUGHT *tick [✓] appropriate box*

<input type="checkbox"/> The performance of work	<input type="checkbox"/> The provision of services
<input type="checkbox"/> The payment of an amount of money	<input type="checkbox"/> The relief from payment of an amount of money
<input type="checkbox"/> The return of goods	<input type="checkbox"/> The replacement of goods

DESCRIPTION OF CLAIM: is as follows (or attached)

PART E – INFORMATION FOR DEFENDANT

PLEASE READ THIS FORM THOROUGHLY

The following information is a guide only. A fact sheet containing detailed information on court procedures is available from any Magistrates Court Registry or at www.magistratescourt.wa.gov.au

For legal advice you should see a lawyer.

- You must complete and lodge a response to this claim within 14 days of service of the claim on you, unless your address for service is outside Western Australia, in which case you have 21 days. Failure to do so may result in the claimant obtaining a default judgment against you.
- The Court must give a copy of your response to the other party.
- The following responses are available to you within a period of 14 days of the service of the claim, unless your address for service is outside Western Australia, in which case the period is 21 days.

PAYING THE CLAIM IN FULL	<ul style="list-style-type: none"> • If you elect to pay the claim in full, the payment must be made direct to the claimant or their lawyer.
IF YOU ADMIT THE CLAIM AND ARE UNABLE TO PAY IN FULL	<ul style="list-style-type: none"> • You should complete an admission of the claim in the relevant section of Part F of the forms you have been served with. • You may wish to contact the claimant or their lawyer to confirm acceptance of your offer to pay by instalments. • The Court will notify the claimant of your admission and it is the decision of the claimant as to whether your offer to pay by instalments is accepted. • If the claimant does not accept your admission to pay by instalments they may proceed to enforce payment against you without further notice. • All instalment payments made must be paid direct to the claimant or their lawyers.
IF YOU ADMIT TO PART OF THE CLAIM	<ul style="list-style-type: none"> • You may wish to contact the claimant or their lawyer to see whether a settlement can be arranged by consent. If you reach agreement, you should both complete a memorandum of consent order form and send it to the court registry. • If you cannot reach agreement to settle the claim and you admit only a part of the amount claimed you should complete Part F. • This form must then be lodged at the registry of the Magistrates Court from where this claim was issued within the prescribed time.
IF YOU RESPOND BY: <ul style="list-style-type: none"> • GIVING INTENTION TO DEFEND THE CLAIM • LODGING A COUNTERCLAIM OR THIRD PARTY CLAIM 	<ul style="list-style-type: none"> • If you have responded by giving notice of intention to defend and you were served with the claimant's statement of claim with the claim, you must within 14 days of receipt of the statement of claim lodge and serve on the claimant a statement of your defence, with your response under Part F. • If you wish to make a counterclaim or a third party claim, you must lodge either a Form No 8 or a Form No 9. Both a counterclaim and third party claim must be lodged and served with your statement of defence. A fee is payable for lodging a counterclaim or third party claim. Failure to respond to the claim within the prescribed time may result in the claimant obtaining a default judgment against you. • If you wish to make an application for the proceedings in the case to be conducted at another place in the state of Western Australia you must complete the relevant information in Part F. • The claimant must within 14 days after you have lodged a response indicating an intention to defend the claim request a Registrar to list the case for a pre-trial conference.
ADDRESS FOR SERVICE	<ul style="list-style-type: none"> • This is the address to which the court and the claimant will send/serve documents and notices on you. • A document lodged in relation to a case must contain a residential or business address for service or in the case of a corporation, registered office or principal place of business. • To enable a party to serve documents by email or fax an email address or fax number may be provided in addition to the above.
CONTACT DETAILS	It is suggested that you include a contact telephone number, which will allow the claimant or court to contact you if the need arises.

PART F – Defendant’s response

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Date lodged:

Claimant <input type="checkbox"/> Consumer <input type="checkbox"/> Trader (full trading name)	Name:	
	Address:	Postcode

Defendant <input type="checkbox"/> Consumer <input type="checkbox"/> Trader (full trading name)	Name:	
	Address:	Postcode

15D – RESPONSE TO A GENERAL PROCEDURE CLAIM (CONSUMER/TRADER)

ADMISSION OF GENERAL PROCEDURE CLAIM (CONSUMER/TRADER)

I (full name of defendant)

Tick [✓] appropriate box

- Admit to the total amount claimed and I offer to pay the amount admitted:**
- by way of instalments of \$ _____ per week/fortnight/month commencing on (date) _____; **OR**
- in full on or before (date) _____

Signature of defendant		Date	
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INTENTION TO DEFEND GENERAL PROCEDURE CLAIM (CONSUMER/TRADER)

I (full name of defendant)

- | | |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intention to defend | Tick [✓] appropriate box
<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. |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(See below for application for change of venue)

Application for change of venue	<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: (See over the page for application)
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Signature of defendant or lawyer		Date	
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Address for service		
		
		

Contact details	Telephone:	Lawyer’s ref:	Fax:	E mail:
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REGISTRY AT:

MAGISTRATES COURT of WESTERN AUSTRALIA (CIVIL JURISDICTION) GENERAL PROCEDURE CLAIM (CONSUMER/TRADER) FORM 7

Case number: Date lodged:

Claimant Name: Address: Postcode Consumer Trader (full trading name)

Defendant Name: Address: Postcode Consumer Trader (full trading name)

PART G – APPLICATION FOR CHANGE OF VENUE

The defendant makes application to the Court for an order that the proceedings in this case be conducted at the registry of the Court.

AFFIDAVIT IN SUPPORT OF APPLICATION

I of (full name and address) (occupation) (*delete as applicable) having been duly sworn*/affirmed* say the following:

SWORN*/AFFIRMED* at this day of 20 in the presence of Registrar/Justice of the Peace/other authorised witness Deponent

This application will be determined at Magistrates Court held at on day the day of 20

Unless the court orders otherwise, the attendance of the parties is not required for this application. In the event attendance is required, the Court will give the parties notice. If you have been served with an application you must, at least three working days before the hearing of the application, lodge and serve a response to the application stating whether you consent or object to the order sought in this application. Unless you consent to the order sought in this application, you must lodge an affidavit supporting your response.