

REGISTRY AT:

MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
FORM 9 - THIRD PARTY CLAIM

Case number:
Date lodged:

Claimant

Name:
Address:
Postcode:

Defendant

Name:
Address:
Postcode:

Third party

Name:
Address:
Postcode:

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 attached claim.

The defendant claims against you:

[State concisely the nature of the claim against the third party]:

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:
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Court Seal

The below information must be completed

Lodged by	<input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other			
Address for service				
Contact details	Telephone:	Lawyer's ref:	Fax:	Email:

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Defendant or Defendant's lawyer:	Date:
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Lodged by	<input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other			
Address for service				
Contact details	Telephone:	Lawyer's ref:	Fax:	Email:

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Defendant or Defendant's lawyer:	Date:
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The below information must be completed

Lodged by	<input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other			
Address for service				
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	

(Must enter full name of party responding)

I, _____

PART D -INTENTION TO DEFEND THIRD PARTY CLAIM

intend to defend this claim.

Third party or lawyer:	Date:
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The below information must be completed

Lodged by	<input type="checkbox"/> Defendant or defendant’s lawyer <input type="checkbox"/> Other			
Address for service				
Contact details	Telephone:	Lawyer’s ref:	Fax:	E mail: