

MAGISTRATES COURT:
Perth Registry
501 Hay Street
Perth WA 6000
PH: 9425 2222
FAX: 9421 2777

RESIDENTIAL TENANCIES ACT 1987 (WA)
Schedule 1
APPLICATION FOR DISPOSAL OF
BOND MONEY
FORM 6

Case number:

Date lodged:

APPLICANT

Tick [✓] a box

- Lessor
 Tenant

Name:

Address:

Postcode:

RESPONDENT

Tick [✓] a box

- Lessor
 Tenant

Name:

Address:

Postcode:

Address of rented premises:**Bond Reference Number (insert bond reference number here):**

(also attach a copy of the current Record of Payment of Security Bond Issued by the Bond Administrator)

I request that the bond amount of \$ held by **BOND ADMINISTRATOR**
at **LOCKED BAG 14, CLOISTERS SQUARE WA 6850** be disbursed
as follows:

(1) The sum of \$ to be paid to

(2) The sum of \$ to be paid to

Date tenancy commenced / / Weekly rental \$

Date tenancy terminated / / Date rental paid to / /

The reason this request is made is as follows: (Description of claims and amounts of each claim in dollar value)**To: Respondent**

UNLESS YOU NOTIFY THE COURT WITHIN SEVEN DAYS AFTER YOU RECEIVE THIS APPLICATION THAT YOU INTEND TO DISPUTE THIS REQUEST FOR PAYMENT, THE COURT MAY ORDER THAT THE BOND MONEY BE PAID IN ACCORDANCE WITH THE APPLICANT'S REQUEST.

Signature of applicant

Date

Registrar

Date

**MAGISTRATES COURT:
PERTH REGISTRY
501 HAY STREET
PERTH WA 6000
PH: 9425 2222
FAX: 9421 2777**

**RESIDENTIAL TENANCIES ACT 1987 (WA)
Schedule 1
APPLICATION FOR DISPOSAL OF
BOND MONEY
FORM 6**

Case number:

Date lodged:

APPLICANT

Tick [✓] a box

Lessor

Tenant

Name:

Address: Postcode:

RESPONDENT

Tick [✓] a box

Lessor

Tenant

Name:

Address: Postcode:

Address of rented premises:

Bond Reference Number (insert bond reference number here):

(also attach a copy of the current Record of Payment of Security Bond Issued by the Bond Administrator)

I request that the bond amount of \$ held by BOND ADMINISTRATOR
at LOCKED BAG 14, CLOISTERS SQUARE WA 6850 be disbursed
as follows:

(3) The sum of \$ to be paid to

(4) The sum of \$ to be paid to

Date tenancy commenced / / **Weekly rental \$**
Date tenancy terminated / / **Date rental paid to** / /

The reason this request is made is as follows: (Description of claims and amounts of each claim in dollar value)

To: Respondent _____

UNLESS YOU NOTIFY THE COURT WITHIN SEVEN DAYS AFTER YOU RECEIVE THIS APPLICATION THAT YOU INTEND TO DISPUTE THIS REQUEST FOR PAYMENT, THE COURT MAY ORDER THAT THE BOND MONEY BE PAID IN ACCORDANCE WITH THE APPLICANT'S REQUEST.

Signature of applicant _____ Date _____

Registrar _____ Date _____

SEE OVER FOR FURTHER INFORMATION

INFORMATION FOR THE RESPONDENT

TO THE RESPONDENT	<p>This application is issued out of the Civil Jurisdiction of the Magistrates Court. Legal representation is not permitted unless:</p> <ul style="list-style-type: none">a) all parties and the Court agree;b) the other party is a lawyer;c) one of the parties is a corporation and the other party elects to be so represented;d) the Court is satisfied one of the parties is unable to appear or conduct the proceedings properly himself/herself; ore) the Commissioner for Fair Trading appears for the other party.
SETTLEMENT BETWEEN PARTIES	<p>The primary intention of the <i>Residential Tenancies Act</i> is to try to achieve an agreement suitable to both parties and if that fails then for the Court to adjudicate. You should therefore give some thought to settlement by agreement.</p> <p>The terms of a settlement may be embodied in a court settlement.</p> <p>If you consent to the making of an order please complete the form appearing on this page. Once the consent form is lodged with the Court an order will be made and you will not be required to attend any hearing.</p> <p>If you cannot reach agreement to settle the claim, and if you admit only a part of the amount claimed, you should give Notice of Intention to Dispute the balance within the time allowed to the Registrar of the Magistrates' Court together with the filing fee of \$18.20.</p>
IF YOU DENY THE CLAIM	<p>Fill in the Notice of Intention to Dispute, which is attached to this application, and send it to the registry where this action originated. Your notice must be according to the attached form and it must be accompanied by the filing fee of \$18.20.</p>

YOUR INTENTION TO DISPUTE MUST BE FILED WITHIN SEVEN DAYS OF SERVICE OF THIS NOTICE – OTHERWISE THE APPLICATION MAY SUCCEED WITHOUT A FORMAL HEARING BEING CONDUCTED.

HEARING OF THE APPLICATION

Notice of any hearing date will be given to you by the Registrar.

FORM OF CONSENT	<p>I/we consent to an order being made in the terms of the application and acknowledge that this consent may not be withdrawn.</p> <p>Signature of respondent/s:</p> <p>Date:</p>
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501 HAY STREET
PERTH WA 6000
PH: 9425 2222
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RESIDENTIAL TENANCIES ACT 1987 (WA)
Schedule 1, clause 8(3) and (4)
NOTICE OF INTENTION TO
DISPUTE APPLICATION FOR
DISPOSAL OF BOND MONEY
FORM 5

Case number:

Date lodged:

APPLICANT

Tick [✓] a box

Lessor

Tenant

Name:

Address:

Postcode:

Phone:

RESPONDENT

Tick [✓] a box

Lessor

Tenant

Name:

Address:

Postcode:

Phone:

TAKE NOTICE that I intend to dispute this application for the following reasons:

THE PRESCRIBED DISPUTE FEE OF \$18.20 MUST BE FORWARDED WITH THIS NOTICE AT THE TIME OF LODGEMENT.

Signature of respondent

Date

Respondent's address for
service of notices