

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

| | |
|------------------|--------------------|
| Registry | Case number |
| Claimant | |
| Defendant | |

(Must enter full name of party responding)
I,

PART F - ADMISSION OF MINOR CASE CLAIM

Tick [✓] appropriate box

admit to the total amount claimed and I offer to pay the amount admitted by way of:

instalment amounts of \$ _____
 weekly; or fortnightly; or monthly
 First instalment *(date)* _____;

OR

payment in full on or before *(date)* _____

Un-liquidated claim only:

admit liability and make application to the Court to determine the amount that should be awarded for the claim.
(a registrar must list the case for a pre-trial conference and notify all parties in writing)

OR

PART F - INTENTION TO DEFEND MINOR CASE CLAIM

Tick [✓] appropriate box

intend to defend the full amount of this claim; or

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.

PART G -APPLICATION FOR CHANGE OF VENUE

Tick [✓] appropriate box if applicable

make application to the Court for an order that the proceedings in this case be conducted at another venue within the State of Western Australia:

Name of proposed Court venue.....

(If selected, complete Part G - Affidavit in Support of Change of Venue Application over page)

| | |
|------------|-------|
| Defendant: | Date: |
|------------|-------|

Responding party must complete the below address for service and contact information

| | | | | |
|---------------------|------------|---------------|------|---------|
| Address for service | | | | |
| Contact details | Telephone: | Lawyer's ref: | Fax: | E mail: |

