REGISTRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA MAGISTRATES COURT (CIVIL PROCEEDINGS) ACT 2004 THIRD PARTY CLAIM PART A – Court regist Case numbe Date lodged	er:
	FORM 9	
Claimant	Name:	
	Address:	
	Postc	ode:
Defendant	Name:	
Defendant		
	Address: Postc	
	Posto	ode:
Third party	Name:	
	Address:	-
	Posto	ode:
To: Third party Full names (if know	n):	
and addresses:		
TAKE NOTICE that claim.	this case has been brought by the claimant against the defendant in the terms of the	attached
The defendant clain	ns against you [here state concisely the nature of the claim against the third party]:	
<u> </u>	[state concisely the grounds of the claim against the third party]: ute the claimant's claim against the defendant or the defendant's claim against	t you:
You must within 14 lodged with the regireceiving the response	days after being served with this third party claim, lodge a response. Your response stry of the court from which the claim was issued. The defendant must within 14 days as lodge and serve on you a statement of third party claim. You must within 14 days nent of third party claim, lodge and serve on the Defendant a statement of third party	must be s of s of
	NG THE DEFENDANT MAY CLAIM INDEMNITY, CONTRIBUTION OR ANY RELIE IG TO OR CONNECTED WITH THE SUBJECT MATTER OF THIS CASE FROM YO	
	is making a third party claim [or his or her lawyer] must sign and date each page. This or the claim) must be served on the third party and all other parties to the case.	is form

Date:	Signature of defendant or lawyer:			Court Seal			
Tick [✔] appropri	Tick [✓] appropriate box						
Lodged by	☐ Defendant or defendan☐ Other	t's lawyer					
Address for service							
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail:			

	PAF	RT B - Third party service copy
REGISTRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA MAGISTRATES COURT (CIVIL PROCEEDINGS) ACT	Case number:
	2004	Date lodged:
	THIRD PARTY CLAIM	
	FORM 9	
Claimant	Name:	
	Address:	
		Postcode:
Defendant	Name:	
	Address:	
		Postcode:
	T	
Third party	Name:	
	Address:	
		Postcode:
To: Third party Full names (if known and addresses: TAKE NOTICE that the statement of claim.): his case has been brought by the claimant against the defendan	t in the terms of the attached
	s against you [here state concisely the nature of the claim agains	st the third party]:
on the grounds that	state concisely the grounds of the claim against the third party]:	
-	istate concisely the grounds of the claim against the trind party). Ite the claimant's claim against the defendant or the defenda	ant's claim against you
You must within 14 clodged with the regis	lays after being served with this third party claim, lodge a respontry of the court from which the claim was issued. The defendant se, lodge and serve on you a statement of third party claim. You ent of third party claim, lodge and serve on the Defendant a state	se. Your response must be must within 14 days of must within 14 days of
	IG THE DEFENDANT MAY CLAIM INDEMNITY, CONTRIBUTION OF THE SUBJECT MATTER OF THE	
	s making a third party claim [or his or her lawyer] must sign and or of the claim) must be served on the third party and all other par	
Date:	Signature of defendant or lawyer:	Court Seal

Tick [✔] appropriate box

Lodged by
☐ Defendant or defendant's lawyer

☐ Other

Address for service

Contact details

Telephone:

Lawyer's ref:

Fax:

E mail:

	PART C – Defendant's copy				
REGISTRY AT:	MAGISTRATES COURT of WESTERN AUSTRALIA MAGISTRATES COURT (CIVIL PROCEEDINGS) ACT 2004 THIRD PARTY CLAIM FORM 9	Case number: Date lodged:			
Claimant	Name:				
Address:					
		Postcode:			
Defendant	Name:				
	Address:				
		Postcode:			
Third party	Name:				
	Address:				
		Postcode:			
To: Third party Full names (if known	n):				
and addresses:					
TAKE NOTICE that statement of claim.	this case has been brought by the claimant against the defendant ir	n the terms of the attached			
The defendant claim	ns against you [here state concisely the nature of the claim against t	the third party]:			
<u>-</u>	[state concisely the grounds of the claim against the third party]: ute the claimant's claim against the defendant or the defendant	t's claim against you:			
You must within 14 of lodged with the regist receiving the response	days after being served with this third party claim, lodge a response stry of the court from which the claim was issued. The defendant muse, lodge and serve on you a statement of third party claim. You musent of third party claim, lodge and serve on the Defendant a statem	. Your response must be ust within 14 days of ust within 14 days of			
	NG THE DEFENDANT MAY CLAIM INDEMNITY, CONTRIBUTION G TO OR CONNECTED WITH THE SUBJECT MATTER OF THIS				
	is making a third party claim [or his or her lawyer] must sign and dat y of the claim) must be served on the third party and all other parties				
Date:	Date: Signature of defendant or lawyer: Court Seal				

Tick [✓] appropriate box

Lodged by	☐ Defendant or defendan☐ Other	ıt's lawyer		
Address for service				
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail:

PART D – Third party's response copy

REGISTRY AT:						

MAGISTRATES COURT of WESTERN AUSTRALIA MAGISTRATES COURT (CIVIL PROCEEDINGS) ACT 2004 THIRD PARTY CLAIM FORM 9

- (- Inira party's response copy						
	Case number:						
	Date lodged:						

Claimant	Name:
	Address:
	Postcode:
Defendant	Name:
	Address:
	Postcode:
Third party	Name:
	Address:
	Postcode:

15C - RESPONSE TO A THIRD PARTY CLAIM

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