

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
FORM 19B - STATEMENT OF GENERAL PROCEDURE THIRD PARTY
CLAIM**

Registry:	Case number:
Claimant	
Defendant	
Third Party	

Summary of the material facts relevant to the third party claim:

--

Particulars of the third party claim:

--

Legal basis of the third party claim:

--

The remedy or relief claimed:

--

This document must be court sealed prior to you serving it on other parties to the claim.

Date:

Defendant or Lawyer:

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

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
FORM 19B - STATEMENT OF GENERAL PROCEDURE THIRD PARTY
CLAIM**

Registry:	Case number:
Claimant	
Defendant	
Third Party	

Summary of the material facts relevant to the third party claim:

--

Particulars of the third party claim:

--

Legal basis of the third party claim:

--

The remedy or relief claimed:

--

This document must be court sealed prior to you serving it on other parties to the claim.

Date:

Defendant or Lawyer:

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

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
FORM 19B - STATEMENT OF GENERAL PROCEDURE THIRD PARTY
CLAIM**

Registry:	Case number:
------------------	---------------------

Claimant	
-----------------	--

Defendant	
------------------	--

Third Party	
--------------------	--

Summary of the material facts relevant to the third party claim:

--

Particulars of the third party claim:

--

Legal basis of the third party claim:

--

The remedy or relief claimed:

--

This document must be court sealed prior to you serving it on other parties to the claim.

Date:

Defendant or Lawyer:

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