**TASMANIA**

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 8**

**APPLICATION**

**MAGISTRATES COURT** ACTION No.           .

Address:

Phone No:       Fax No:

**CLAIMANT**:

**DEFENDANT**:

An APPLICATION by the REGISTRAR\* / CLAIMANT\* / DEFENDANT\* /OTHER (specify):

will be heard on the      day of       20       at      am/pm

at the MAGISTRATES COURT at the above address for an order as follows *:‑ (specify order sought)*

If you fail to attend within 15 minutes of the appointed time the action may be determined in your absence.

All parties have the right to attend and to be heard.

THE APPLICANT MUST FILE AND SERVE AN AFFIDAVIT EXPLAINING WHY HE OR SHE IS SEEKING THESE ORDERS.

Signed by applicant..............................…………………….. DATED.................................

\* (delete as appropriate)

Filed by or on behalf of ..................…………...............................................whose address for the service of documents is:..........................................................................................................
Phone: Fax: DX:
Contact:

|  |
| --- |
|  **ORDER(S) OF THE COURT**.........................................Magistrate/Registrar Dated ............................. |