**TASMANIA**

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 37**

Rule 29A(2)

**ORIGINATING APPLICATION INTENDED TO BE SERVED**

**MAGISTRATES COURT** ACTION No.           .

Address:

Phone No:       Fax No:

**APPLICANT**:

**RESPONDENT**:

To (*name and address of each respondent*) and any other person served with this application

(*Name and Address of applicant, stating capacity if relevant*) applies for the following orders (*or for determination of the following questions*)

(specify):

This application is made pursuant to: (*insert legislation intended to be relied upon*)

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

**NOTICE OF HEARING**

The application has been set down for hearing/mention on the  day of      20

at      am/pm

at the MAGISTRATES COURT at the address above.

**NOTICE TO PERSON SERVED**

Take notice that –

1. If you wish to participate in these proceedings, you should, within 7 days following service of this application on you, lodge a notice of appearance at a Registry of the Magistrates Court and serve a sealed copy on the applicant at the address for service. Service may be effected by prepaid post.

2. Forms of notice of appearance may be obtained from any Registry of the Court. These are located at Liverpool Street, Hobart, Charles Street, Launceston, Alexander Street, Burnie and Griffith Street, Devonport, or the Magistrates Court website. www.magistratescourt.tas.gov.au/forms.

3. If you fail to lodge, and serve on the applicant, a notice of appearance within the time stated, or thereafter fail to attend personally or by practitioner at the hearing, such orders may be made and proceedings taken as the Court [*or Magistrate*] may think just and appropriate without further notice to you.

\* Where the Rules do not require a notice of appearance, the ´Notice to Person Served' is to be omitted or struck out.

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

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