**TASMANIA**

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 4**

**DEFENCE**

**MAGISTRATES COURT** ACTION No. .

Address:

Phone No:       Fax No:

**CLAIMANT[S]** (as on Claim Form)

**SOLICITORS FOR CLAIMANT** (if any)

**DEFENDANTS**

Full names, addresses:

[Registered office if corporation]

**SOLICITORS FOR DEFENDANT** (IF ANY)

Address

Phone No.       Fax No.       DX No.

**PARTICULARS OF DEFENCE** ‑ State any part of the claimant's claim which is admitted or denied and briefly state any defence. If you admit the claim in full, say so.

The Defendant [or his or her solicitor] must sign and date each page.

SIGNED: ............................................................................... DATE: ....................................

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