**TASMANIA**

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 6**

**THIRD PARTY CLAIM**

**MAGISTRATES COURT** ACTION No.           .

Address:

Phone No:       Fax No:

**CLAIMANT[S]**

(Names only)

**DEFENDANT** who is making third party claim

(Name(s), addresses):

[Registered office if corporation]

**SOLICITOR FOR DEFENDANT** [if any]

Address:

Phone No.       Fax No.       DX No.

**THIRD PARTY(IES)**

Full names if known

and addresses:

[Registered office if corporation]

**PARTICULARS OF THIRD PARTY CLAIM** ‑ The claimant has sued the defendant in terms of the enclosed claim. The defendant who is making the third party claim says that you should indemnify him or her against the claimant's claim and all costs because:

*[here briefly state the basis of the third party claim]*

The Defendant who is making a third party claim [or his or her solicitor] must sign and date each page. This Form (together with a copy of the Claim) must be served on the third party(ies) and all other parties to the action.

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

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

|  |
| --- |
| **NOTICE TO THE THIRD PARTY**  IF YOU WISH TO DEFEND ANY PART OF THIS CLAIM YOU MUST WITHIN 21 DAYS FROM RECEIVING THIS CLAIM, GO TO YOUR NEAREST COURT AND FILE A DEFENCE [AND COUNTERCLAIM ‑ IF YOU HAVE ONE] AND SERVE THE DEFENDANT MAKING THIS CLAIM.  \*\*\*\*\*TAKE THIS FORM WITH YOU\*\*\*\*\*  IF YOU DO NOTHING THE DEFENDANT MAY GET JUDGMENT AGAINST YOU. |

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**AFFIDAVIT OF PROOF OF SERVICE ON THIRD PARTY**

I of

Occupation:

MAKE OATH AND SAY that ‑

I. I did on the day of 20

between the hours of and

duly serve the within named Third party with this Third Party Claim.

*Please tick the appropriate box*

🞎 By personal service on the person.

🞎 By registered post addressed to the usual place of residence or business of the party, or the practitioner acting on behalf of the party.

🞎 By leaving it for the person at the address of the usual place of residence or business of the person with .......................*(identity of person served)*............................... apparently above the age of 16 years.

🞎 By leaving it at the registered office of the corporation with ...................................

*(identity of person served)*.

🞎 By depositing it for the person at the DX addressed to the DX number of the person or the solicitor acting for the person.

🞎 By Fax directed to the Fax number of the person or the solicitor acting for the person during normal business hours on a business day.

🞎 By

(describe here any other authorised means of service).

2. I served the person at (state the address, DX number, Fax number etc).

SWORN before me at

the day of 20

Person authorised to take Affidavits

(e.g. Justice of the Peace).