



IN THE REGIONAL DIVISION OF GAUTENG
HELD AT ROODEPOORT

APPLICATION FOR THE ALLOCATION OF A TRIAL DATE IN THE REGIONAL COURT

NOTE: All fields must be completed. Please ensure all contact details are accurate. The assistant registrar will confirm the allocation in writing.

CASE NUMBER: _____ / _____

IN THE MATTER BETWEEN:			
PLAINTIFF/APPLICANT:			
LEGAL REPRESENTATION:			
NAME:		FIRM:	
TELEPHONE:		CELL:	
E-MAIL:		FAX NO:	
DEFENDANT/RESPONDENT:			
LEGAL REPRESENTATION:			
NAME:		FIRM:	
TELEPHONE:		CELL:	
E-MAIL:		FAX NO:	
FURTHER PLAINTIFFS/APPLICANTS	YES NO	FURTHER DEFENDANTS/RESPONDENTS	YES NO
NATURE OF PROCEEDINGS: (Mark with a "X")	Interlocutory	Rescission	Summary Judgment
	Divorce	Exception	Interdict
	Provisional Sentence	Trial	Default Judgment
	Other (Please Specify)		
SEAT REQUESTED		EXPECTED DURATION	
DATE REQUESTED	1	2	3
Is the original summons/application filed?		Is the return of service filed?	
Are the heads of argument filed?		Is the file Indexed and paginated?	
Was a pre-trial conference held?		If so, are the minutes thereof filed?	
Is a Language Practitioner Required?		If required, specify language	
Is the matter defended/opposed?		If not, is the matter settled?	
Was a family advocate report obtained?		Is the report filed?	
Is the original marriage certificate filed?		Is the original Ante Nuptial Contract filed?	
Remarks:			
I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.			
Signature	Date	Print Name	
Contact No:	E-Mail:	Fax:	
Requested made on behalf of	Plaintiff/Applicant	Defendant/Respondent	Third Party
TO BE COMPLETED BY THE ASSISTANT REGISTRAR			
Date Request Lodged		Date Applicant informed	
Date Allocated		Entered in Diary	
Court Seat		Date of Notice of Set-down	
Presiding officer		Number of cases on same day	
Language Practitioner		Language	