**INTERLOCUTORY APPLICATION**

ENVIRONMENT, RESOURCES AND DEVELOPMENT COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.

Applicant/s / Appellant/s:

Respondent/s:

|  |  |
| --- | --- |
| Lodging Party |  |
| Full Name |
| Name of Law Firm / Solicitor**If any** |  |  |
| Law Firm | Solicitor |
| Address |  |
| Street Address (including unit or level number and name of property if required) |
|  |  |  |  |
| City/town/suburb | State | Postcode | Country |
| Contact Details | Email Address |
|  |
| Phone Number |

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| **Application Details**This Application is for: Nature of application in one sentenceThis Application is made under section [ ] of the [ ] *Act*.The above-named party seeks the following orders:Orders sought in separately numbered paragraphs1. This Application is made on the grounds that: If Applicable. This Application is urgent on the grounds that: If ApplicableThis Application is by consent. The consent is evidenced as attached:If applicableThis Application is made ex-parte because: |

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| **To the other parties: WARNING**This Application will be considered at the hearing at the date and time set out at the top of this document. If you wish to oppose the application or make submissions about it:* **you must attend the hearing** and
* if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must** file and serve on all parties an affidavit at least 2 days before the hearing date unless ordered otherwise.

If you do not do so, **orders may be made against you** without further warning including orders as to costs. |

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| **Accompanying Documents**Accompanying this Application is a: [ ] Supporting Affidavit (**mandatory)** [ ] If other additional document(s) please document them below: |

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| **Service**The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |