Form 23

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|  | | APPLICATION FOR AN ORDER OF THE COURT  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Magistrates Court Act 1991*  Section 10 | | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | | | | |
| Registry |  | | | | | | File No | |  | | | |
| Address |  | | | | |  | | | |  | | |
|  | *Street* | | | | | *Telephone* | | | | *Facsimile* | | |
|  |  | |  |  | | |  | | | | | |
|  | *City/Town/Suburb* | | *State* | *Postcode* | | | *Email Address* | | | | | |
| **Applicant** | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Address  (Registered Address, if Body Corporate) |  | | |  | | |  | | | | | |
|  | *Street* | | | *DX* | | | *Telephone* | | | | | |
|  |  | |  |  | | |  | | | | | |
|  | *City/Town/Suburb* | | *State* | *Postcode* | | | *Email Address* | | | | | |
| **Applicant’s Solicitor** | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | |
| Address |  | | | |  | | | | |  | | |
|  | *Street* | | | | *Telephone* | | | | | *Facsimile* | | |
|  |  | |  |  | | |  | | | | | |
|  | *City/Town/Suburb* | | *State* | *Postcode* | | | *Email Address* | | | | | |
| **Person or property the subject of the order sought** | | | | | | | | | | | | |
| Full Name |  | | | | | | | Reference | | | |  |
| Address  (Registered Address, if Body Corporate) |  | | |  | | |  | | | | | |
|  | *Street* | | | *DX* | | | *Telephone* | | | | | |
|  |  | |  |  | | |  | | | | | |
|  | *City/Town/Suburb* | | *State* | *Postcode* | | | *Email Address* | | | | | |
| **Grounds of Application:** | | | | | | | | | | | | |
| **Details of order applied for:** | | | | | | | | | | | | |
| Date Applicant | | | | | | | | | | | | |

**(Details of the hearing are on the next page)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Next hearing** | Registry | | | Date |
| Address | | | Time       am/pm |
| Telephone | Facsimile | Email Address | |
| Date MAGISTRATES COURT | | | | |
| **IMPORTANT NOTICES**   * A copy of this application is to be served on both the Applicant and the Respondent * **If you do not attend on the hearing date, or any adjourned hearing date, orders may be made in your absence** | | | | |

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| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| Method of service (tick box)  personally;  by leaving a copy at the last (or most usual) place of abode with a person apparently residing there and not less than 16 years of age;  by leaving a copy at the place of business with a person apparently employed there and not less than 16 years of age;  any other method permitted by the Rules – specify:  I certify that I served the attached document in the manner described. |
| Certified this       day of       20 |