Form G10B

To be inserte	d by Court
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Case Number:

Date Filed:

FDN:

CERTIFICATE OF SERVICE

YOUTH COURT OF SOUTH AUSTRALIA GENERAL 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.

First Applicant

First Respondent

Filed by the [<i>Party Title</i>]				
Party Role	Full Name			
Name of law firm / solicitor				
	Law Firm		Solicitor	
Address for service	Street Address (including unit or level number and name of property if required)			
	Street Address (including unit o	rever number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details				
	Type – Number			

Deponent Process Server Details		
Deponent		
	Full Name	
Address		
	Street Address (including unit or level number and name of property if required)	

	City/town/suburb	State	Postcode	Country
	Email address			
Occupation	Occupation			

Proof of Service					
Name of person served:					
Address at which service effected:					
Date service effected:					
Time of day: Between am/pm and am/pm					
Method of service Mark appropriate section below with an 'x' [] 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.					
Signature of deponent					

Service

Mark appropriate section below with an 'x'

The party filing this document is required to serve it on all other parties at least 5 clear business days prior to the next hearing, in accordance with the Rules of Court.

- [] It is intended to serve this document on all other parties.
- [] It is not intended to serve this document on the following parties: [list names]

because [reasons]