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YOUTH COURT OF SOUTH AUSTRALIA  
CARE AND PROTECTION JURISDICTION

**THE CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION**  
Applicant

**[FULL NAME]**  
Parent/Guardian 1

**[FULL NAME]**  
Parent/Guardian 2

**[FULL NAME]**  
Child 1 (DOB: DD/MM/YYYY)

**[FULL NAME]**  
Child 2 (DOB: DD/MM/YYYY)

**[FULL NAME]**  
Child 3 (DOB: DD/MM/YYYY)

**[FULL NAME]**  
Other Party