

Form CP6 Interlocutory Application

Form CP6

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

75 Wright Street Adelaide

INTERLOCUTORY APPLICATION

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Filed by the [Party title]			
Party Role	Full Name		
Name of law firm / solicitor If any	Law Firm	Solicitor	
Address for service	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details	Type - Number		

Application Details

This Application is for
Nature of Application in one sentence

If applicable
This Application is made under
Act and section or other particular provision

The above-named party seeks the following orders:
Orders sought in separately numbered paragraphs.

1.

This Application is made on the grounds set out in the accompanying Affidavit sworn by
[full name]
on [date]

If applicable
This Application is urgent on the grounds set out in the accompanying Affidavit sworn by
[full name]
on [date]

If applicable
This Application is by consent. The consent of the [party title] [name]
is evidenced by [set out evidence – eg letter or email from party’s solicitor]

To the lodging party: WARNING

This document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, please mark this information as **‘Withheld’** and provide those details to the Youth Court Registry separately.

To the other parties: WARNING

The abovenamed party has applied for orders set out in this Application based on the facts set out in the accompanying Affidavit.

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
- **you may be required to file a Response** at a later stage.

If you do not attend the Court hearing, orders may be made without further warning.

Service

Mark appropriate section below with an 'x'

The party filing this document is required to serve it on all other parties at least 2 clear business days prior to the next hearing.

It is intended to serve this Application on all other parties.

It is not intended to serve this Application on the following parties: *[list names]*

because *[reasons]*

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying this Application is a:

Supporting Affidavit (required)

If other additional document(s) please list them below: