

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

75 Wright Street Adelaide

INTERLOCUTORY APPLICATION

Children and Young People (Safety) Act 2017

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

Please specify the FULL NAME of each party.

Include a party number if more than one party of the same type. Add additional parties as required.

Applicant

AND

Parent/Guardian 1

Parent/Guardian 2

Child 1 (DOB:)

Child 2 (DOB:)

Child 3 (DOB:)

Other Party

Instructions:

Please fill in all of the details requested in this form. Duplicate the relevant details box for multiple parties of the same type.

For boxes '[]', mark 'X' in the appropriate box.

To the lodging party: WARNING

It is intended that 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, mark this information as '**Withheld**' and **provide these details** to the Youth Court Registry via a separate form.

Filed by the [Party title]

Full Name	Full Name		
Name of Law Firm and 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

The abovenamed party seeks the following orders:

(List orders sought in separately numbered paragraphs).

1.

This Application is made on the grounds set out in:

[] in the accompanying Affidavit sworn by [full name] on the
day of 20 .

Further Particulars:

(If applicable)

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

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

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

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

This document must be served in accordance with legislation and the Rules of Court.

Accompanying Documents

Accompanying this Application is a:

[] Supporting Affidavit (required)

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