

Form CP7 Response
Form CP7

To be inserted by Court

Case Number:

Date Filed:

FDN:

RESPONSE

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

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 before the Pre-Trial Conference.

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 Response is a:

Supporting Affidavit (optional)

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