

Form A2 – Application to Discharge an Adoption Order

Form A2

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

75 Wright Street Adelaide

APPLICATION TO DISCHARGE AN ADOPTION ORDER

YOUTH COURT OF SOUTH AUSTRALIA
ADOPTION JURISDICTION

IN THE MATTER OF [*name of child*]

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 Adoptive Parent

Only displayed if applicable

Second Adoptive Parent

Birth Mother

Birth Father

Only displayed if applicable

Chief Executive

Only displayed if applicable

First Interested Party

Filed by a Solicitor on behalf of the [<i>party title</i>]	
Applicant	Full Name
Party Title Selected applicant title not to appear again below	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Chief Executive Mark appropriate section with an 'x'
Name of Law Firm and Solicitor	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

Filed by the [<i>Party Title</i>]	
Applicant	Full Name
Party Title Selected applicant title not to appear again below	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Chief Executive Mark appropriate section with an 'x'
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

Next item not displayed if applicant title is adoptive parent and there is only one adoptive parent

First Adoptive Parent	
Name	Full Name
Email Address	Email address
Phone Details	Type - Number

Next item not displayed if applicant title is adoptive parent or there is only one adoptive parent

Second Adoptive Parent	
Name	Full Name
Email Address	Email address
Phone Details	Type - Number

Next item not displayed if applicant title is Birth Mother

Birth Mother	
Name	Full Name
	Any other previous names (if applicable)
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

Next item not displayed if applicant title is Birth Father

Birth Father	
Name	Full Name
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

Next item not displayed if applicant title is Child

Child					
Name	Full Name				
Date of Birth	Date of Birth				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'				
Place of Birth	Hospital (if known), suburb and State/Country of birth				
Is the child an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No Mark appropriate section with an 'x'				
Address Only applicable if child is aged 18 or over	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details Only applicable if child is aged 18 or over	Type - Number				

Particulars of First Adoptive Parent	
Name	Full Name
	Maiden Name (if applicable)
	Any other previous names (if applicable)
Birth Details	Date of Birth
	Place of Birth
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship [specify date of commencement] Mark appropriate section with an 'x'
Occupation	Occupation
Residential Address	Street Address (including unit or level number and name of property if required)

	City/town/suburb	State	Postcode	Country
--	------------------	-------	----------	---------

Only display if applicable

Particulars of Second Adoptive Parent				
Name	Full Name			
	Maiden Name (if applicable)			
	Any other previous names (if applicable)			
Birth Details	Date of Birth			
	Place of Birth			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'			
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship [specify date of commencement] Mark appropriate section with an 'x'			
Occupation	Occupation			
Residential Address	Street Address (including unit or level number and name of property if required)			
	City/town/suburb	State	Postcode	Country

Application Details

Mark appropriate sections below with an 'x'

This Application is for an order to discharge an adoption order made on [date].

This Application is made under section 14(1) of the Adoption Act 1988.

The Applicant seeks the following orders:

1. that pursuant to section 14(1) of the Adoption Act 1988 the Court discharge the adoption order made on [date].

2. [any other orders sought in separately numbered paragraphs]

This Application is made on the grounds

that the adoption order or a consent for the purposes of the adoption order was obtained by fraud, duress or other improper means.

that it is in the best interests of the child, taking into account the rights and welfare of the adopted person, for the discharge order to be made.

The particulars of the factual allegations for the above grounds are set out in the accompanying affidavit sworn by *[full name]* on the day of 20 .

To the other parties: **WARNING**

The abovenamed party has applied for orders set out in this Application.

The facts that support this application are set out in the accompanying documentation.

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 5 clear days before the first hearing, in accordance with the Rules of Court.

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 service of this Application is a:

Supporting Affidavit (mandatory)

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