## Form A4 Interlocutory Application Form A4

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 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 the [Party title]					
Party Role	Full Name		T.		
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	
	-			<u> </u>	
	Email address				
Phone Details					
	Type - Number				

	Type - Number				
Application Details					
This Application is for Nature of application in one sentence					
This Application is made unc					
The above named party seel Orders sought in separately numbered paragonal.					
This Application is made on	the grounds set out in the accom	npanying affidavit swo	rn by		
[full name]		on the	day of	20	
If applicable This application is urgent on	the grounds set out in the accor	npanying affidavit swc	orn		
by [full name]		on the	day of	20	
If applicable					
This application is by conser	nt. The consent of the [Party title] e eg letter or email from party's Soli	[name] citor]			is

## 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.

<ul> <li>you must attend the hearing and</li> <li>you may be required to file a Response at a later stage.</li> </ul>					
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 business days prior to the next 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 below:					

If you wish to oppose the application, or make submissions about it: