

Form A6 Response

Form A6

To be inserted by Court

Case Number:

Date Filed:

FDN:

RESPONSE BY [PARTY TITLE AND NAME]

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 | | |
| 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 | | |

Response Details

This Response is in relation to an Application for
Nature of application in one sentence.

The details of the Response are as follows:

The abovenamed party seeks the following orders:
Orders sought in separately numbered paragraphs.

- 1.

Service on the birth parents(s) and the child:
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, pursuant to 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]

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Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

[] Supporting Affidavit

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

| |
|--|
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