

Form A7 Application to Dispense with or Recognise the Validity of Consent

Form A7

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| To be inserted by Court Case Number: Date Filed: FDN: |
| Hearing Date and Time: Hearing Location: 75 Wright Street Adelaide |

APPLICATION TO DISPENSE WITH OR RECOGNISE THE VALIDITY OF CONSENT

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.

Chief Executive of the Department for Child Protection

[*Party Title*]

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|--|--|-----------|----------|---------|
| Filed by the Applicant | | | | |
| Applicant | Full Name | | | |
| Applicant Title | Chief Executive of the Department for Child Protection | | | |
| Name of Law Firm and Solicitor <small>If any</small> | 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 | | | |

| | | | |
|----------------------|--|-------|----------|
| [Party Title] | | | |
| 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 | | |
| Phone Details | Email address | | |
| | Type - Number | | |

| | |
|---------------|---------------|
| Child | |
| Name | Full Name |
| Date of Birth | Date of Birth |

Application Details
 Mark appropriate sections below with an 'x'

Matter type:

This Application is for an order

dispensing with consent
 recognising the validity of consent.

This Application is made under section 19(1) of the Adoption Act 1988.

The Applicant seeks the following orders:

that the consent of the [party title] be dispensed with.
 that the consent of the [party title] be recognised as valid.
 [any other orders sought in separately numbered paragraphs]

This Application is made on the grounds set out in the accompanying affidavit sworn by
 [full name] on the day of 20 .

To the other parties: WARNING

The Applicant has applied for orders set out in this Application.

The 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: