Form A8 Application for an Order of the Court Form A8 To be inserted by Court Case Number: Date Filed: FDN: Hearing Date and Time: Hearing Location: 75 Wright Street Adelaide APPLICATION FOR AN ORDER OF THE COURT

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 display 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			
Party Title				
	[] Child			
	[] Adoptive Paren	t		
	[] Birth Mother			
	[] Birth Father			
	[] Chief Executive			
Name of Law Firm and	Mark appropriate section with an	ı 'X'		
Solicitor If any				
SOIICILOI If any	Law Firm		Solicitor	
Address for Service				
	Street Address (including unit or	level number and name of proper	y if required)	T
	2	a. .		
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details				
	Type - Number			
Next item only displayed if applicable First Adoptive Parent				
Name				
	Full Name			
Address for Service				
	Street Address (including unit or	level number and name of propert	y if required)	
		.		
Phone Details	City/town/suburb	State	Postcode	Country
Filone Details				
	Type - Number			
Next item only displayed if applicable				
Second Adoptive Parent	T			
Name				
Address for Service	Full Name			
Address for Service				
	Street Address (including unit or	level number and name of propert	v if required)	
	Street Address (including unit or	level number and name of propert	y if required)	
	Street Address (including unit or	level number and name of propert	y if required)	
	Street Address (including unit or City/town/suburb	level number and name of propert	y if required) Postcode	Country
Phone Details				Country
Phone Details	City/town/suburb			Country
Phone Details				Country
Next item only displayed if applicable	City/town/suburb			Country
Next item only displayed if applicable Birth Mother	City/town/suburb			Country
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Next item only displayed if applicable Birth Mother	City/town/suburb			Country
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Next item only displayed if applicable Birth Mother	City/town/suburb Type - Number	State		Country
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Next item only displayed if applicable Birth Mother Name	City/town/suburb Type - Number Full Name Any other previous names (if ap)	State	Postcode	Country
Next item only displayed if applicable Birth Mother Name	City/town/suburb Type - Number Full Name Any other previous names (if ap)	State	Postcode	Country

Discuss Data il	Email address			
Phone Details				
	Type - Number			
Next item only displayed if applicable Birth Father				
Name				
	Full Name			
	Any other previous names (if ap	plicable)		
Address for Service				
	Street Address (including unit or	r level number and name of proper	ty if required)	T
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
	Town Namehou			
	Type - Number			
Child Name	<u> </u>			
Namo				
Date of Birth	Full Name			
	Date of Birth			
Gender	[] Female			
	[] Male			
	Non-Binary			
	Indeterminate/i	ntersex/unspecified		
	Manda annualista annii annii ita	- 6-1		
Place of Birth	Mark appropriate section with ar	n ·x		
	Hospital (if known), suburb, Stat	te/Country		
Is the child an Aboriginal or	[] Yes			
Torres Strait Islander?	[] No			
A laboration Oranica	Mark appropriate section with ar	n 'x'		
Address for Service Only applicable if child is aged 18 or over				
	Street Address (including unit or	r level number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
	Curall address			
Phone Details	Email address			
Only applicable if child is aged 18 or over	Type - Number			
	7,770			
Next item only displayed if First Adoptive Pa				
Particulars of First Adopti Name	ve Parent			
Hallic				
	Full Name			
į l	Maiden Name (if applicable)			l

	Any other previous pames (if any	nliaghla)		
Birth Details	Any other previous names (if ap	plicable)		
	Date of Birth			
	Place of Birth			
Gender	[] Female [] Male [] Non-Binary [] Indeterminate/i	ntersex/unspecified		
Date of present	Mark appropriate section with ar	ı 'x'		
marriage/qualifying relationship	[] Marriage [] Qualifying relat	ionship		
	[specify date of comme	encement]		
Occupation	Mark appropriate section with an	ı 'x'		
Occupation				
Residential Address	Occupation			
	Street Address (including unit or	r level number and name of propert	ty if required)	T
	City/town/suburb	State	Postcode	Country
	0.5,	, ctate	,	, commy
	Email address			
Next item only displayed if Second Ado				
Particulars of Second A	Adoptive Parent			
Name	Full Name			
	Maiden Name (if applicable)			
B: # B + #	Any other previous names (if ap	plicable)		
Birth Details				
	Date of Birth			
_	Place of Birth			
Gender	[] Female [] Male [] Non-Binary [] Indeterminate/i	ntersex/unspecified		
Date of present	Mark appropriate section with an	ı 'x'		
Date of present marriage/qualifying relationship	[] Marriage [] Qualifying relat	ionship		
	[specify date of comme	encement]		
Occupation	Mark appropriate section with an	1 'x'		
Оссирации	Occupation:			
	Occupation			

Residential Address				
	Street Address (including unit or level number and name of property if required)			
	3 11 11 11	2		
	City/town/suburb	State	Postcode	Country
	Email address			

Application Details

Matter Type:

This Application is for Nature of application in one sentence

This Application is made under Act and section or other particular provision

The Applicant seeks the following orders: 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 above named party has applied for orders set out in this Application.

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

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]

	companying Documents appropriate sections below with an 'x'
Acc	ompanying service of this Application is a:
[] Supporting Affidavit (mandatory)
]] If other additional document(s) please list them below: