

# 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

<b>Filed by the [Party Title]</b>			
<b>Party Role</b>		<b>Full Name</b>	
Party Title		<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 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	

Next item only displayed if applicable

<b>First Adoptive Parent</b>			
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
Phone Details		Type - Number	

Next item only displayed if applicable

<b>Second Adoptive Parent</b>			
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
Phone Details		Type - Number	

Next item only displayed if applicable

<b>Birth Mother</b>			
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 only displayed if applicable

<b>Birth Father</b>			
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		

<b>Child</b>							
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						
Place of Birth	Mark appropriate section with an 'x'  Hospital (if known), suburb, State/Country						
Is the child an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Mark appropriate section with an 'x'						
Address for Service 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				
Phone Details Only applicable if child is aged 18 or over	Type - Number						

Next item only displayed if First Adoptive Parent details completed above

<b>Particulars of First Adoptive Parent</b>	
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		
	Email address		

Next item only displayed if Second Adoptive Parent details completed above

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
	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  
1.

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]

**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: