### Form A9 Affidavit of Service

Form A9

| To be inserted by Court |
|-------------------------|
| Case Number:            |
| Date Filed:             |
| FDN:                    |

## **AFFIDAVIT OF SERVICE**

# 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           |  |       | Q-llaiten |         |  |  |  |
| Address for Service        | Law Firm   |       | Solicitor |         |  |  |  |
|                            |  |       |           |         |  |  |  |
|                            | Street Address (including unit or level number and name of property if required) |       |           |         |  |  |  |
|                            |  |       |           |         |  |  |  |
|                            | City/town/suburb   | State | Postcode  | Country |  |  |  |
|                            |  |       |           |         |  |  |  |
|                            | Email address  |       |           |         |  |  |  |
| Phone Details              |  |       |           |         |  |  |  |
|                            | Turno Number   |       |           |         |  |  |  |
|                            | Type - Number  |       |           |         |  |  |  |

| Deponent Process Serve | r Details  |       |          |         |  |  |
|------------------------|--|-------|----------|---------|--|--|
| Deponent               |  |       |          |         |  |  |
|                        | Full Name  |       |          |         |  |  |
| Address                |  |       |          |         |  |  |
|                        | Street Address (including unit or level number and name of property if required) |       |          |         |  |  |
|                        |  |       |          |         |  |  |
|                        | City/town/suburb   | State | Postcode | Country |  |  |
|                        |  |       |          |         |  |  |
|                        | Email address  |       |          |         |  |  |
| Occupation             |  |       |          |         |  |  |
|                        | Occupation   |       |          |         |  |  |

| Affidavit<br>Mark appropriate section below with an 'x'   |
|---|
| I [full name, address and occupation of deponent]<br>[ ] SWEAR ON OATH / [ ] DO TRULY AND SOLEMNLY AFFIRM THAT:   |
| 1. I served<br>[insert name of person served]<br>on [date]<br>at [insert service location]<br>with the following document(s): [describe document(s) served]<br>by the following service method: [set out the method of service] |
| If applicable<br>At the time of service the person served stated [ <i>record what the person served said</i> ].   |
| Note: If the document served is already a document on the court file, it should not be attached to the Affidavit.   |
| Sworn/Affirmed Delete whichever is inapplicable<br>By the abovenamed deponent   |
| at [ <i>place</i> ]   |
| on [ <i>date</i> ]  |
|   |
|   |
|   |

Signature of deponent

before me ..... Signature and title of attesting witness

Printed name and title of witness Stamp here if applicable

ID number of witness

### Instructions

- Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2. Please attach additional pages to the Affidavit as necessary.
- The affidavit should be confined to facts and should not include submissions.
- The affidavit should not reproduce material already contained in affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found.
- An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit.
- A single 'front page' must be inserted in front of the exhibits.
- Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness.
- An affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place.
- The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits ('the witness'). Persons authorised to witness an affidavit are:
  - (a) a Registrar or Deputy Registrar
  - (b) any other officer of the Court whom the Registrar has assigned for this purpose;
  - (c) a public notary;
  - (d) a commissioner for taking affidavits;
  - (e) a justice of the peace for South Australia;
  - (f) any other person authorised by law to take affidavits.
- The contents of an affidavit cannot be altered after the affidavit has been sworn or affirmed.
- The party serving an affidavit must serve copies of all exhibits with the affidavit.

#### 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]