

Form S2 Application to Revoke Order (Surrogacy)

Form S2

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

APPLICATION TO REVOKE ORDER (SURROGACY)

YOUTH COURT OF SOUTH AUSTRALIA
SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.

Birth Mother

First Parent

Only displayed if applicable
Second Parent

Filed by the Birth Mother			
Birth Mother	Full name		
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		
Email Address	Email address		
<small>Optional</small>	Email address		

First Parent			
Name	Full Name		
Residential Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
Email Address	Email address		
<small>If Known</small>	Email address		

Only displayed if applicable

Second Parent			
Name	Full Name		
Residential Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
Email Address	Email address		
<small>If Known</small>	Email address		

Child	
Name	Full Name (as at time of Application)
Date of Birth	Date of Birth
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Indeterminate Mark appropriate section with an 'x'
Place of Birth	Place of birth

Application Details

The Surrogate Mother of the child seeks the following order:

Mark each order sought with an 'X'.

- An order under section 19(1) of the *Surrogacy Act 2019* revoking an order under section 18 on the grounds that:
 - 1. The original order was obtained by fraud, duress or other improper means; and/or
 - 2. A consent relied on for the making of the original order was not an effective consent because it was obtained by fraud, duress or inducement; and/or
 - 3. There are exceptional reasons why the original order should be discharged.

This Application is made on the grounds set out in the accompanying affidavit sworn by

[full name]

on the day of

20 .

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 business days before the first hearing in accordance with legislation and 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 (required)
- If other additional document(s) please list them below:

- 1.
- 2.
- 3.