

Form S4 Response to Application to Revoke Order

Form S4

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

RESPONSE TO APPLICATION TO REVOKE ORDER

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.

First Parent

Only displayed if applicable
Second Parent

Birth Mother

First Intervener/Applicant

Only displayed if applicable
Second Intervener/Applicant

Filed by the [party title]			
Name	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		

First Parent			
Name	Full Name		
	Any other previous names (if applicable)		
Address	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			
<small>Optional</small>	Email address		

Only displayed if applicable

Second Parent			
Name	Full Name		
	Any other previous names (if applicable)		
Address	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			
<small>Optional</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

Duplicate panel if multiple children

Response Details

This Response is in relation to an Application to Revoke an Order under section 19 of the *Surrogacy Act 2019*.

The details of the Response are as follows:
List details in separately numbered paragraphs.

- 1.
- 2.
- 3.

The abovenamed party seeks the following orders:
List orders sought in separately numbered paragraphs.

- 1.
- 2.
- 3.

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.