| To be inserted by Court | | | |
|-------------------------|--|--|--|
| Case Number: | | | |
| Date Filed: | | | |
| FDN: | | | |
| | | | |
| | | | |
| Hearing Date and Time: | | | |
| Hearing Location: | | | |
| | | | |
| | | | |

ORIGINATING APPLICATION – ANIMAL WELFARE ACT WARRANT Animal Welfare Act 1985

MAGISTRATES select one COURT OF SOUTH AUSTRALIA SPECIAL STATUTORY JURISDICTION

[*FULL NAME*] Applicant

[FULL NAME] Respondent

| Full Name | | | |
|--|--|---|---|
| | | | |
| Law Firm | | Responsible Solicitor | |
| | | | |
| | | | |
| Street Address (including unit or level number and name of property if required) | | | |
| | | | |
| | | | |
| City/town/suburb | State | Postcode | Country |
| | | | |
| | | | |
| Email address | | | |
| | | | |
| | | | |
| Type (eg. home; work; mobile) – Number | | Another number (optional) | |
| | Law Firm Street Address (including unit or City/town/suburb Email address | Law Firm Street Address (including unit or level number and name of proper City/town/suburb State Email address | Law Firm Responsible Solicitor Street Address (including unit or level number and name of property if required) City/town/suburb State Postcode Email address |

| Duplicate panel if multiple Respondents | | | | | | |
|---|-------------------------------------|--------------------------------|---------------------------|-------------------|--|--|
| Respondent | | | | | | |
| | Full Name (including Also Known | 1 | | | | |
| Address | Full Name (including Also Known as) | | | | | |
| | | | | | | |
| | Street Address (including unit or I | evel number and name of proper | ty if required) | | | |
| | | | | | | |
| | City/town/suburb | State | Postcode | Country | | |
| | | | | | | |
| | Email address | | | | | |
| Phone Details | | | $oxed{\Gamma}$ | | | |
| | Type (eg. home; work; mobile) – N | lumher | Another number (optional) | | | |
| | 1) | iumbe. | Allegae names (-p | | | |
| Next box to only appear if applicable Duplicate panel if multiple Interested Parties | | | | | | |
| Interested Party | | | | | | |
| | Full Name | | | | | |
| Address | Full Name | | | | | |
| | | | | | | |
| | Street Address (including unit or l | evel number and name of proper | ty if required) | | | |
| | | | | | | |
| | City/town/suburb | State | Postcode | Country | | |
| | | | | | | |
| | Email address | | | | | |
| Phone Details | | | | | | |
| | Type (eg. home; work; mobile) – N | dumber | Another number (optional) | | | |
| | Type (eg. nome, work, mobile) | Turnou Turnou | Another number (optional) | | | |
| | | | | | | |
| | | | | | | |
| Application Details | | | | | | |
| Matter type: | | | | | | |
| watter type. | | | | | | |
| This Application is for a v | warrant authorising the | s [sale/destruction/dis | sposal of the animal(s) | specified in this | | |
| Application. | 0 | • | , , | • | | |
| | | | | | | |
| This Application is made un | der section [31A(5)(b)/3 | 31C(2)] of the Animal | Welfare Act 1985. | | | |
| | | | | | | |
| The Applicant seeks the foll | _ | | | | | |
| orders sought in separately numbered para | agraphs | | | | | |
| 1. | | | | | | |
| This Application is made on | the grounds | | | | | |
| | npanying Affidavit sworr | n by [name] on [date]. | | | | |
| □ that | . , , | , | | | | |
| grounds in separately numbered | paragraphs | | | | | |
| 1. | | | | | | |
| If applicable | | | | | | |
| The Application is urgent be | ecause | | | | | |
| grounds in separately numbered paragraph | | | | | | |
| 4 | | | | | | |

| Mandatory – provision for multiple Animal [1] subject of Application | | | | | |
|--|--|--|--|--|--|
| Type of animal: | | | | | |
| Name of animal if known: | type and where applicable breed of animal | | | | |
| Identifying features of | full name | | | | |
| animal if required to ensure correct animal is subject of the authorised action Owner if known | identifying features | | | | |
| Address where animal is kept: | full name provision for multiple | | | | |
| | street include unit or level number and/or name of property if necessary | | | | |

State: South Australia to be default

postcode

To the Other Parties: WARNING

This 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:

citv/town/suburb

- · you must attend the hearing; and
- if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders, you must file and serve on all parties an Affidavit within14 days after service of the Application.

If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding without further warning.

For instructions on how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482.

Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

| Acc | Accompanying Documents | | | | | | |
|-----|---|--|--|--|--|--|--|
| Acc | companying this Application is a: | | | | | | |
| | Multilingual Notice mandatory Supporting Affidavit mandatory Notice to Respondent Served Interstate mandatory when address of party to be served is interstate Notice to Respondent Served in New Zealand mandatory when address of party to be served is in NZ Notice to Respondent Served outside Australia mandatory when address of party to be served is overseas & not in NZ If other additional document(s) please list below: | | | | | | |