**ORIGINATING APPLICATION**

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

**Duplicate panel if multiple Applicants**

|  |  |  |  |  |  |
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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Responsible 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 (eg. home; work; mobile) - Number** | | | **Another number (optional)** | |

**Duplicate panel if multiple Respondents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Respondent |  | | | | |
| **Full Name** | | | | |
| 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 (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

**Next box to only appear if applicable**

**Duplicate panel if multiple Interested Parties**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interested Party |  | | | | |
| **Full Name** | | | | |
| 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 (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| **Application Details**  Matter type:  This Application is for  This Application is made under  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 [*name*] on [*date*]. * that   **grounds in separately numbered paragraphs**  **If applicable**  The Application is urgent because  **grounds in separately numbered paragraphs where more than one**  **If applicable**  **Extension of time**  The Applicant seeks an extension of time to institute this action pursuant to  **Act and section or other particular provision**  The grounds for seeking an extension are set out in the accompanying Affidavit. |

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| **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:   * 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 within 14 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. |

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| **Accompanying Documents**  Accompanying this Application is a:   * Multilingual Notice **mandatory** * Supporting Affidavit **mandatory unless application is of a specified type in which case it is optional** * 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: |