

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

ORIGINATING APPLICATION

SUPREME / DISTRICT / MAGISTRATES / YOUTH Circle one COURT OF SOUTH AUSTRALIA
 CRIMINAL JURISDICTION
 CASE NO:

..... Full Name
Applicant

..... Full Name
Respondent

Applicant	Full Name		
Name of law firm/solicitor <small>If any</small>	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)

Form 1h

Only complete if applicable otherwise mark as N/A

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Interested Party	Full Name		
Address	Street Address (including unit or level number and name of property if required)		
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