**ORIGINATING APPLICATION FOR REVIEW**

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

SPECIAL STATUTORY 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**

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| --- | --- | --- | --- | --- | --- |
| 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)** | |

**Only complete next box if applicable otherwise delete**

**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: [*Enter matter type*]  This Application is for review of the Decision identified below that  **Enter summary of Decision in one sentence**  This Application is made under  **Enter Act and section or other particular provision**  **Decision subject of Application**   |  |  | | --- | --- | | Date of Decision | [*date*] | | **Date** | | Date Notice of Decision received | [*date*] | | **Date** | | Tribunal/Agency/Decision Maker being reviewed | [*Enter Decision Maker*] | | **Tribunal/Agency/Decision Maker** | | Name of individual Decision Maker Enter **if known** | [*Enter Decision Maker’s name*] | | **Decision Maker’s name** | | Reference number of Tribunal/Agency/Decision Maker **if known** | [*Enter number*] | | **Number** |   Orders challenged  **Enter only the orders sought to be reviewed in separate numbered paragraphs**  Grounds of Review  **Grounds of Review in separate numbered paragraphs**  **Orders sought**  **Orders sought in addition to, or in place of, the orders made in separate numbered paragraphs**  This Application is made on the grounds   * set out in the accompanying Affidavit sworn by [*name*] on [*date*]. * that   **Enter grounds in separately numbered paragraphs**  **Only complete if applicable otherwise delete**  The Application is urgent because  **Enter grounds in separately numbered paragraphs where more than one**  **Only complete if applicable otherwise delete**  **Extension of time**  The Applicant seeks an extension of time to institute this application for review pursuant to  **Enter Act and section or other particular provision**  The grounds for seeking an extension are set out in the accompanying Affidavit.  **Only complete if applicable otherwise delete**  **Hearing**  The Applicant requests that the Hearing be by written submissions only, because:  **Enter reasons in separate numbered paragraphs** |

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

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| **Accompanying Documents**  Accompanying this Application is a:   * Multilingual Notice **mandatory** * Supporting Affidavit **mandatory** * A copy of the original Decision that is the subject of this Review **mandatory unless already exhibited to Affidavit** * 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: |