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ase Number:	
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earing Date and Time:	
earing Location:	

ORIGINATING APPLICATION FOR REVIEW

 $[SUPREME/DISTRICT/MAGISTRATES/YOUTH] \ {\tt select one} \ {\tt COURT} \ {\tt OF} \ {\tt SOUTH} \ {\tt AUSTRALIA} \ {\tt SPECIAL} \ {\tt STATUTORY} \ {\tt JURISDICTION}$

[FULL NAME] Applicant

[FULL NAME] Respondent

Duplicate panel if multiple Applicants

Duplicate parier il multiple Applicants				
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)	

Grounds of Review in separate numbered paragraphs

1.

Duplicate panel if multiple Respondents						
Respondent						
·						
Address	Full Name					
	Street Address (inclu	ding unit or	level number and name of p	roperty if required)		
	City/town/suburb		State	Postcode	Country	
	Email address					
Phone Details						
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<u> </u>	Type (eg. home; work	k; mobile) – i	Number	Another number (option	onai)	
Only complete next box if applicable otherw Duplicate panel if multiple Interested Parties	ise delete					
Interested Party						
Address	Full Name					
Address						
	Street Address (inclu	ding unit or	level number and name of p	roperty if required)		
	City/town/suburb		State	Postcode	Country	
	- City/tominousurs			. 00.0000	, country	
Phone Details	Email address					
Thore Betails						
	Type (eg. home; work	k; mobile) – I	Number	Another number (option	onal)	
Application Details						
Matter type: [Enter matter t	ype]					
This Application is for revie		n identi	fied below that			
This Application is made ur						
Decision subject of Appli	cation					
Date of Decision		[date]				
		Date				
Date Notice of Decision received		[date]				
Tribunal/Agency/Decision Maker being reviewed		[Enter Decision Maker] Tribunal/Agency/Decision Maker				
Name of individual Decision Maker Enter		[Enter Decision Maker's name] Decision Maker's name				
Reference number of Tribunal/Agency/Decision Maker if known		[Enter number] Number				
, J , _ ,		Muniber				
Orders challenged Enter only the orders sought to be reviewed 1.	ed in separate numbered	l paragraphs				
Grounds of Review						

Orders sought Orders sought in addition to, or in place of, the orders made in separate numbered paragraphs 1.
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 1.
Only complete if applicable otherwise delete The Application is urgent because Enter grounds in separately numbered paragraphs where more than one 1.
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 1.

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.

Service

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

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:					