**RESPONSE** **BY [PARTY TITLE AND NAME]**

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

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

|  |  |  |
| --- | --- | --- |
| **Lodging party** |  |  |
|  | **Party title** | **Full name of party** |
| Name of law firm / solicitor**If any** |  |  |
| **Law Firm/office** | **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 - Number** |

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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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| **RESPONSE****Part 1****Attitude to the application****Identify whether you support, oppose or are neutral about the Application or the relief sought in it.****Part 2****Response to facts alleged in support of the application****Identify which facts from the Application you agree with or disagree with in separate numbered paragraphs.**1. **Part 3****Other facts relevant to the application****Other facts not included in the Application that are relevant in separate numbered paragraphs.**1. **Part 4****Orders sought****Set out why you oppose the orders sought in the Application in separate numbered paragraphs.**1.  |