

To be inserted by Court

Case Number:

Date Filed:

FDN:

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			

Service

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

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.