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

SUPREME / DISTRICT / MAGISTRATES / YOUTH**Circle one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**……………………………………………………………………………………………………………Full name**

**Applicant**

**……………………………………………………………………………………………………………Full name**

**Respondent**

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| **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. 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