

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

INTERLOCUTORY APPLICATION

SUPREME / DISTRICT / MAGISTRATES / YOUTH Circle one COURT OF SOUTH AUSTRALIA
 SPECIAL STATUTORY JURISDICTION

.....Full name
Applicant

.....Full name
Respondent

Lodging party	<small>Party title</small>	<small>Full Name of party</small>
<small>Name of law firm/office</small>		
<small>If applicable</small>	<small>Law firm/office</small>	<small>Responsible Solicitor</small>
<small>Name of authorised officer</small>		
<small>If body corporate and no law firm/office</small>	<small>Full Name</small>	

Application Details
 Mark appropriate sections below with an 'x'

This Application is for

..... Nature of application in one sentence

Only complete if applicable otherwise mark as N/A
 This Application is made under.....

.....

Act and section or other particular provision

The applicant seeks the following orders:
Orders sought in separately numbered paragraphs

1.

.....

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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** and
- 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 at least 2 days before the hearing date** unless ordered otherwise.

If you do not do so, **orders may be made against you** without further warning including orders as to costs.

Service

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

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying this Application is a:

- [] Supporting Affidavit (mandatory)
- [] If other additional document(s) please list them below:

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