**PROPOSED QUESTIONS FOR CROSS-EXAMINATION OF WITNESS**

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

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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| **Respondent** | | | | |
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| 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** | | | |

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| **Questions**  The questions that the Respondent proposes the witness, [*insert name*], be asked in cross-examination are set out in the Schedule.  **[Note: The Court (or the Court's nominee) will ask the witness those of the questions submitted that are determined by the Court to be allowable in cross-examination.]** |

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| **Service**  The party filing this document is NOT required to serve it on all other parties. |

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| **Schedule** | |
| **No** | **Question** |
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