o be inserted by Court
Case Number:
Date Filed:
FDN:

## PROPOSED QUESTIONS FOR CROSS-EXAMINATION OF WITNESS

[MAGISTRATES/YOUTH] Select one COURT OF SOUTH AUSTRALIA SPECIAL STATUTORY JURISDICTION

[FULL NAME] Applicant

[FULL NAME] Respondent

Respondent				
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		

## 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.]

## Service

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

## Form 68e

Schedule			
No	Question		