Form 70D

To be inserted by Court		
Case Number:		
Date Signed:		
FDN:		

## WARRANT OF APPREHENSION OF WITNESS

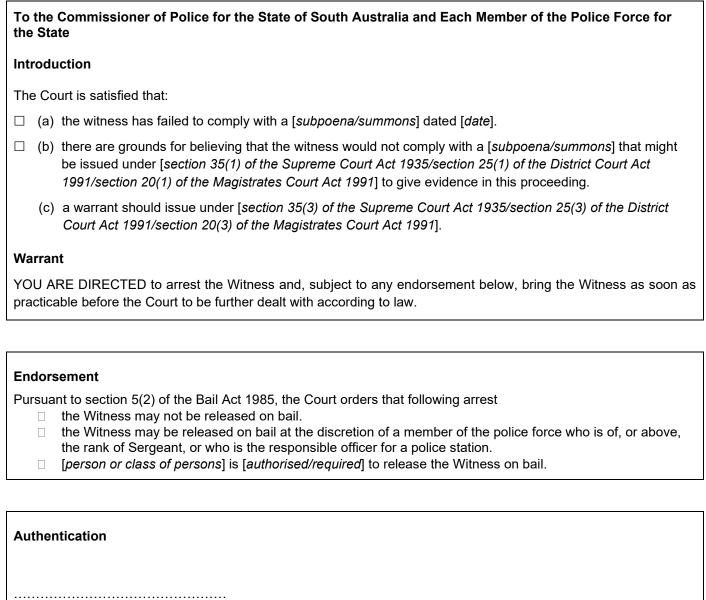
[SUPREME/DISTRICT/MAGISTRATES/YOUTH] Select one COURT OF SOUTH AUSTRALIA [COURT OF APPEAL] If applicable SPECIAL STATUTORY JURISDICTION [NAME OF LIST] LIST If applicable

[*FULL NAME*] Applicant

[FULL NAME] Respondent

Lodging Party		
	Full Name (including Also Known as, capacity (eg Administrator, Li	iquidator, Trustee) and Litigation Guardian Name (if applicable))
Name of law firm / solicitor		
in any	Law Firm	Solicitor

Witness subject of Warrant							
Witness							
	Full Name						
Address (registered office							
if body corporate)							
	Street Address (including unit or level number and name of property if required)						
	City/town/suburb	State	Postcode	Country			
	Email address						
Date of birth and Licence							
NO If known							
Telephone							
	Type - Number						



Signature of Court Officer [*title and name*]