be inserted by Court	
ase Number:	
ate Filed:	
DN:	
earing Date and Time:	
earing Location:	

ORIGINATING APPLICATION TO VARY OR REVOKE ORDER

 $[SUPREME/DISTRICT/MAGISTRATES/YOUTH] \ {\tt select one} \ {\tt COURT} \ {\tt OF} \ {\tt SOUTH} \ {\tt AUSTRALIA} \ {\tt SPECIAL} \ {\tt STATUTORY} \ {\tt JURISDICTION}$

[FULL NAME] Applicant

[FULL NAME] Respondent

Applicant					
''					
	Full Name				
Name of law firm/solicitor					
	Law Firm		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					
2 0.09					
	Number		Alternative number (optional)		
Phone Details	Email address Number		Alternative number (optional)		

Respondent				
'				
	Full Name			
Address				
	Street Address (including unit or I	evel number and name of proper	ty if required)	
	· -			
	City/town/suburb	State	Postcode	Country
				•
	Email address			
Phone Details				
	Number		Alternative number (optional)	

Application details
Matter type: [Enter matter type]
Original Case Number: [Enter original case number]
This Application is for [Enter nature of application in one sentence].
This Application is made under [Enter Act and section or other particular provision].
The applicant seeks the following orders: Enter orders in numbered paragraphs 1.
This Application is made on the grounds □ set out in the accompanying Affidavit sworn by [Enter name] on [Enter date]. □ that: Enter grounds in numbered paragraphs
Only complete if applicable otherwise delete The Applicant seeks leave to make this application on the grounds set out in the accompanying Affidavit sworn by [Enter name] on [Enter date]. that: Provision for grounds in numbered paragraphs
Only complete if applicable otherwise delete This Application is urgent on the grounds set out in the accompanying Affidavit sworn by [Enter name] on [Enter date]. that: Enter grounds in numbered paragraphs 1.
Only complete if applicable otherwise delete This Application is made with the consent of the [Enter party title] [Enter name] as evidenced by [Enter evidence] eg letter or email from party's solicitor provision for multiple

To the Respondent: 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 within 14 days after service of the Application.

Form 111e

lf you do not do so	, the Court may	proceed in your	absence and	orders may	be made aga	ainst you	without
further warning							

For instructions on how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482

Service

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

Accompanying documents				
Accom	panying this Application is a:			
	Supporting Affidavit mandatory unless application is exempt			
	Evidence of the consent of the other parties mandatory if relying on consent			
	If other additional document(s) please list below:			