**ORIGINATING APPLICATION FOR ENFORCEMENT**

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

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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| Applicant |  |
| **Full Name** |
| Name of law firm/solicitor**If any** |  |  |
| **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 |  |  |
| **Number** | **Alternative number (optional)** |

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| --- | --- |
| Respondent |  |
| **Full Name**  |
| Address |  |
| **Street Address (including unit or level number and name of property if required)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Phone Details |  |  |
| **Number** | **Alternative number (optional)** |

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| **Application Details**Matter type:Original Case Number: [*Enter original case number*]This Application is for **Nature of application in one sentence****If applicable**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. This Application is made on the grounds set out in the accompanying Affidavit sworn by [*full name*] on [*date*].**If applicable**This Application is made on the grounds that:**Grounds in detail in separate numbered paragraphs**1. **If applicable**This Application is urgent on the grounds set out in the accompanying Affidavit sworn by [*full name*] on [*date*].**If applicable**This Application is urgent on the grounds that:**Grounds in detail in separate 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** within 14 days after service of the Application.

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

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

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| **Accompanying Documents**Accompanying this Application is a:* Multilingual Notice **mandatory**
* Supporting Affidavit **mandatory**
* If other additional document(s) please list them below:
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