

<b>To be inserted by Court</b>  Case Number:  Date Filed:  FDN:
<b>Hearing Date and Time:</b>  <b>Hearing Location:</b> 75 Wright Street Adelaide

**ORIGINATING APPLICATION - ADOPTION ORDER**

**Adoption Act 1988 s 8(1)**

YOUTH COURT OF SOUTH AUSTRALIA  
ADOPTION JURISDICTION

IN THE MATTER OF [*name of child*]

Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.

Applicant 1/First Adoptive Parent

Applicant 2/Second Adoptive Parent

Respondent 1/Birth Mother

Respondent 2/Birth Father

Only displayed if applicable  
CHIEF EXECUTIVE

Only displayed if applicable  
First Interested Party

<b>Filed by the Adoptive Parent[s]</b>	
First Adoptive Parent	Full Name
Second Adoptive Parent <small>Only displayed if applicable</small>	Full Name

Name of law firm / solicitor If any	Law Firm		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				
Type - Number				

<b>Particulars of First Adoptive Parent</b>				
Name	Full Name			
	Maiden Name (if applicable)			
	Any other previous names (if applicable)			
Birth Details	Date of Birth			
	Place of Birth			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified  Mark appropriate section with an 'x'			
Date of present marriage/ qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship <i>[specify date of commencement]</i>  Mark appropriate section with an 'x'			
Occupation	Occupation			
Residential Address	Street Address (including unit or level number and name of property if required)			
	City/town/suburb	State	Postcode	Country

Only display if applicable

<b>Particulars of Second Adoptive Parent</b>				
Name	Full Name			
	Maiden Name (if applicable)			
	Any other previous names (if applicable)			
Birth Details	Date of Birth			

	<b>Place of Birth</b>			
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified  Mark appropriate section with an 'x'			
<b>Date of present marriage/qualifying relationship</b>	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship [specify date of commencement]  Mark appropriate section with an 'x'			
<b>Occupation</b>	Occupation			
<b>Residential Address</b>	Street Address (including unit or level number and name of property if required)			
	City/town/suburb	State	Postcode	Country

<b>Birth Mother</b>				
<b>Name</b>	Full Name			
	Any other previous names (if applicable)			
<b>Address</b>	Street Address (including unit or level number and name of property if required)			
	City/town/suburb	State	Postcode	Country
	Email address			
<b>Phone Details</b>	Type – Number			

<b>Birth Father</b>				
<b>Name</b>	Full Name			
	Street Address (including unit or level number and name of property if required)			
<b>Address</b>	City/town/suburb	State	Postcode	Country
	Email address			
<b>Phone Details</b>	Type – Number			

<b>Child</b>			
Name	Full Name		
Date of Birth	Date of Birth		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified  Mark appropriate section with an 'x'		
Place of Birth	Place of birth		
Is the child an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Mark appropriate section with an 'x'		
Address Only applicable if child is aged 18 or over	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details Only applicable if child is aged 18 or over	Type – Number		

**Application Details**

Mark appropriate sections below with an 'x'

Matter Type:

This Application is for an adoption order.

This Application is made under section 8 of the Adoption Act 1988.

The Adoptive Parent[s] seek[s] the following orders:

1. That pursuant to section 8(1) of the Adoption Act 1988 the Child be adopted by the Adoptive Parent[s].

2. That pursuant to section 23(1) of the Adoption Act 1988 the Child be known by the following name:  
SURNAME: [name]  
OTHER NAMES: [name]

3 [any other orders sought in separately numbered paragraphs]

This Application is made on the grounds set out in the accompanying affidavit sworn  
by [full name] on the day of 20 .

**To the other parties: WARNING**

The Applicant has applied for orders set out in this Application.

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
- **you may be required to file a Response** at a later stage.

If you do not attend the Court hearing, orders may be made without further warning.

**Pre-Action Steps**

Mark appropriate section below with an 'x'

Has the Court made an order recognising the validity of, or dispensing with, the consent of a party?

- [    ] Yes  
[    ] No

**Service**

Mark appropriate section below with an 'x'

The party filing this document is required to serve it on all other parties at least 5 clear days before the first hearing, in accordance with the Rules of Court.

- [    ] It is intended to serve this application on all other parties.  
[    ] It is not intended to serve this application on the following parties:  
      [*list names*]

because [*reasons*].

**Accompanying Documents**

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

- [    ] Supporting Affidavit (mandatory)  
[    ] If other additional document(s) please list below: