**ORIGINATING APPLICATION – DISCHARGE ADOPTION ORDER**

**Adoption Act 1988 s 14(1)**

YOUTHCOURT 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.**

First Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |
| --- |
| **Filed by a solicitor on behalf of the [*party title*]** |
| Applicant |  |
| **Full Name** |
| Party Title**Selected applicant title not to appear again below** | [ ] Child[ ] Adoptive Parent[ ] Birth Mother[ ] Birth Father[ ] Chief Executive**Mark appropriate section with an ‘x’** |
| Name of law firm / solicitor  |  |  |
| **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** |

|  |
| --- |
| **Filed by the [*Party Title*]** |
| Applicant |  |
| **Full Name** |
| Party Title**Selected applicant title not to appear again below** | [ ] Child[ ] Adoptive Parent[ ] Birth Mother[ ] Birth Father[ ] Chief Executive**Mark appropriate section with an ‘x’** |
| 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** |

**Next item not displayed if applicant title is adoptive parent and there is only one adoptive parent**

|  |
| --- |
| **First Adoptive Parent** |
| Name |  |
| **Full Name** |
| Email Address |  |
| **Email address** |
| Phone Details |  |
| **Type - Number** |

**Next item not displayed if applicant title is adoptive parent or there is only one adoptive parent**

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| --- |
| **Second Adoptive Parent** |
| Name |  |
| **Full Name** |
| Email Address |  |
| **Email address** |
| Phone Details |  |
| **Type - Number** |

**Next item not displayed if applicant title is Birth Mother**

|  |
| --- |
| **Birth Mother** |
| Name |  |
| **Full Name** |
|  |
| **Any other previous names (if applicable)** |
| 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** |

**Next item not displayed if applicant title is Birth Father**

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| **Birth Father** |
| Name |  |
| **Full Name** |
| 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** |

**Next item not displayed if applicant title is Child**

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| --- |
| **Child** |
| Name |  |
| **Full Name** |
| Date of Birth |  |
| **Date of Birth** |
| Gender | [ ] Female[ ] Male[ ] Non-Binary[ ] Indeterminate/intersex/unspecified**Mark appropriate section with an ‘x’** |
| Place of Birth |  |
| **Hospital (if known), suburb and State/Country of birth** |
| Is the person an Aboriginal or Torres Strait Islander? | [ ] Yes[ ] 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** |

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| **Particulars of First Adoptive Parent** |
| Name |  |
| **Full Name** |
|  |
| **Maiden Name (if applicable)** |
|  |
| **Any other previous names (if applicable)** |
| Birth Details  |  |
| **Date of Birth** |
|  |
| **Place of Birth** |
| Gender | [ ] Female[ ] Male[ ] Non-Binary[ ] Indeterminate/intersex/unspecified**Mark appropriate section with an ‘x’** |
| Date of present marriage/qualifying relationship  | [ ] Marriage[ ] Qualifying relationship[*specify date of commencement*]**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**

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| **Particulars of Second Adoptive Parent** |
| Name |  |
| **Full Name** |
|  |
| **Maiden Name (if applicable)** |
|  |
| **Any other previous names (if applicable)** |
| Birth Details  |  |
| **Date of Birth** |
|  |
| **Place of Birth** |
| Gender | [ ] Female[ ] Male[ ] Non-Binary[ ] Indeterminate/intersex/unspecified**Mark appropriate section with an ‘x’** |
| Date of present marriage/qualifying relationship  | [ ] Marriage[ ] Qualifying relationship[*specify date of commencement*]**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** |

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| **Application Details****Mark appropriate sections below with an ‘x’**This Application is for an order to discharge an adoption order made on [*date*].This Application is made under section 14(1) of the Adoption Act 1988.The Applicant seeks the following orders:[ ] 1. that pursuant to section 14(1) of the Adoption Act 1988 the Court discharge the adoption order made on [*date*].[ ] 2. [*any other orders sought in separately numbered paragraphs*]This Application is made on the grounds [ ] that the adoption order or a consent for the purposes of the adoption order was obtained by fraud, duress or other improper means.[ ] that it is in the best interests of the child, taking into account the rights and welfare of the adopted person, for the discharge order to be made.The particulars of the factual allegations for the above grounds are set out in the accompanying affidavit sworn by [*full name*] on the day of 20 . |

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| **To the other parties: WARNING**The above named party has applied for orders set out in this Application.The facts that support this application are set out in the accompanying documentation.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. |

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| **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*] |

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| **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 them below: |