

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:**

**Hearing Location:**

75 Wright Street Adelaide

**ORIGINATING APPLICATION - RECOGNITION OF AN ADOPTION ORDER  
MADE OUTSIDE AUSTRALIA**

**Adoption Act 1988 s 21(2)**

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

Only displayed if applicable

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 a solicitor on behalf of the [party title]</b>			
Applicant	Full Name		
Party Title <small>Selected applicant title not to appear again below</small>	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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		

<b>Filed by the [Party Title]</b>			
Applicant	Full Name		
Party Title <small>Selected applicant title not to appear again below</small>	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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

<b>First Adoptive Parent</b>	
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

<b>Second Adoptive Parent</b>	
Name	Full Name
Email Address	Email address
Phone Details	Type - Number

Next item not displayed if applicant title is Birth Mother

<b>Birth Mother</b>					
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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

Next item not displayed if applicant title is Birth Father

<b>Birth Father</b>					
Name	Full Name				
Address for service	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

Form A3

Next item not displayed if applicant title is Child

<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	Hospital (if known), suburb and State/Country of birth				
Is the person 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details Only applicable if child is aged 18 or over	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  [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

<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			
	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			
	[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

**Application Details**

Mark appropriate sections below with an 'x'

Matter Type:

This Application is for an order declaring that an adoption order made under the law of a country outside Australia [is/is not] to be recognised under the law of the State.

This Application is made under section 21(2) of the Adoption Act 1988.

The Applicant seeks the following orders:

1. that pursuant to section 21(2) of the Adoption Act 1988 the adoption order made on [date] under the law of [country] [is/is not] to be recognised under the law of the State.
2. [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.

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.

**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 them below: