**RESPONSE** **BY [PARTY TITLE AND NAME]**

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

|  |
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| **Filed by the [*Party Title*]** |
|  |  |
| **Party Role** | **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** |

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| **Response Details**This Response is in relation to an Application for**Nature of application in one sentence.**The details of the Response are as follows:The abovenamed party seeks the following orders:**Orders sought in separately numbered paragraphs.**1.  |

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| **Service on the birth parents(s) and the child:****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 business days prior to the next hearing, pursuant to 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[ ] If other additional document(s) please list below: |