**ORIGINATING APPLICATION - ORDER OF THE COURT**

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 display if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

CHIEF EXECUTIVE

**Only displayed if applicable**

First Interested Party

|  |
| --- |
| **Filed by the [*Party Title*]** |
|  |  |
| **Party Role** | **Full Name** |
| Party Title | [ ] Child[ ] Adoptive Parent[ ] Birth Mother[ ] Birth Father[ ] Chief Executive**Mark appropriate section with an ‘x’** |
| 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** |

**Next item only displayed if applicable**

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| --- |
| **First Adoptive Parent** |
| 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 only displayed if applicable**

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| **Second Adoptive Parent** |
| 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 only displayed if applicable**

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| --- |
| **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 only displayed if applicable**

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| **Birth Father** |
| 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** |

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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 for Service**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** |

**Next item only displayed if First Adoptive Parent details completed above**

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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** |

**Next item only displayed if Second Adoptive Parent details completed above**

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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**Matter Type: This Application is for **Nature of application in one sentence**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 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.The 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: |