

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

## ORIGINATING APPLICATION - ORDER OF THE COURT

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.

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

<b>Filed by the [<i>Party Title</i>]</b>	
<b>Party Role</b>	<b>Full Name</b>
Party Title	<p>[    ] Child</p> <p>[    ] Adoptive Parent</p> <p>[    ] Birth Mother</p> <p>[    ] Birth Father</p> <p>[    ] Chief Executive</p> <p style="font-size: small; margin-top: 10px;">Mark appropriate section with an 'x'</p>

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

<b>First Adoptive Parent</b>				
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

<b>Second Adoptive Parent</b>				
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

<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)				
City/town/suburb		State	Postcode	Country

	Email address
Phone Details	Type – Number

Next item only displayed if applicable

<b>Birth Father</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)
	City/town/suburb      State      Postcode      Country
	Email address
Phone Details	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	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 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

Form A8

Next item only displayed if First Adoptive Parent details completed above

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	<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

Next item only displayed if Second Adoptive Parent details completed above

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	<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>  <b>Mark appropriate section with an 'x'</b>			
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**

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\_\_ .

**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.

**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: