**INTERLOCUTORY APPLICATION**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*NAME[S] OF CHILD[REN]*]

**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 Intended Parent

Second Intended Parent

Surrogate/Birth Mother

Partner of Surrogate/Birth Mother

Other Party

**Only one of the next two items display as applicable**

ATTORNEY-GENERAL

CHIEF EXECUTIVE

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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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| **Application Details**This Application is for **Nature of application in one sentence****If applicable**This Application is made under**Act and section or other particular provision**The abovenamed party 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 .**If applicable**This application is urgent on the grounds set out in the accompanying affidavit sworn by[*full name*] on the day of 20 .**If applicable**This application is by consent. The consent of the [*Party title*] [*name*] is evidenced by [*set out evidence* *eg letter or email from party’s solicitor*]. |

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| **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. |

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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 business days prior to the next hearing.[ ] 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 below: |