

To be inserted by Court

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:**

**Hearing Location:**  
75 Wright Street Adelaide

## INTERLOCUTORY APPLICATION

YOUTH COURT 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



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 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]*

### 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: