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| **To be inserted by Court** |  |
| Case Number: Date Filed:FDN: |  |
| **Hearing Date and Time:**  |  |  |
| **Hearing Location:** 75 Wright Street Adelaide |  |  |

**INTERLOCUTORY APPLICATION - LEAVE TO INTERVENE**

**Surrogacy Act 2019 s 19(4)**

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 Intervener/Applicant

**Only displayed if applicable**

Second Intervener/Applicant

First Intended Parent

**Only displayed if applicable**

Second Intended Parent

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 First Intervener/Applicant** |
| Intervener/Applicant | **Full name** |
| Name of Law Firm and 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** |
| Email Address**Optional**  | **Email address** |

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| --- |
| **First Intervener/Applicant** |
| Intervener/Applicant | **Full name** |
| Residential Address | **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** |
| Email Address**Optional**  | **Email address** |

**Only displayed if applicable**

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| --- |
| **Second Intervener/Applicant** |
| Intervener/Applicant | **Full name** |
| Residential Address | **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** |
| Email Address**Optional**  | **Email address** |

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| --- |
| **Birth Mother** |
| Name | **Full Name**  |
| **Any other previous names (if applicable)** |
| Address  | **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** |
| Email Address**Optional** | **Email address** |

|  |
| --- |
| **First Parent** |
| Name | **Full Name**  |
| **Any other previous names (if applicable)** |
| Address  | **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** |
| Email Address**Optional** | **Email address** |

**Only display if applicable.**

|  |
| --- |
| **Second Parent** |
| Name | **Full Name**  |
| **Any other previous names (if applicable)** |
| Address  | **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** |
| Email Address**Optional** | **Email address** |

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| --- |
| **Child** |
| Name | **Full Name (as at time of Application)** |
| Date of Birth | **Date of Birth** |
| Gender | [ ] Female[ ] Male[ ] Indeterminate **Mark appropriate section with an ‘x’** |
| Place of Birth | **Place of birth** |

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| **Application Details**The Intervener is applying for leave to intervene in an application under section 19 of the *Surrogacy Act 2019* on following grounds **(Section 19(4) of the Surrogacy Act 2019)**:**Please list grounds below in separately numbered paragraphs:**This Application is made on the grounds set out in the accompanying affidavit sworn by [*full name*] on the day of 20 . |

|  |
| --- |
| **Service on the other parties****Mark appropriate section below with an ‘x’**The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing, in accordance with legislation and 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 (required)
* If other additional document(s) please list them below:
 |