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

**RESPONSE TO APPLICATION TO REVOKE ORDER**

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 Parent

**Only displayed if applicable**

Second Parent

Birth Mother

First Intervener/Applicant

**Only displayed if applicable**

Second Intervener/Applicant

Partner of Surrogate/Birth Mother

**Only displayed if applicable**

Other Party

Only one of the next two items display as applicable

ATTORNEY-GENERAL

CHIEFEXECUTIVE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*party title*]** | | | | |
| Name | **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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 displayed 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** | | | |

|  |  |
| --- | --- |
| **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** |

**Duplicate panel if multiple children**

|  |
| --- |
| **Response Details**  This Response is in relation to an Application to Revoke an Order under section 19 of the *Surrogacy Act 2019*.  The details of the Response are as follows:  **List details in separately numbered paragraphs.**  The abovenamed party seeks the following orders:  **List orders sought 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**  **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*] |

|  |
| --- |
| **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: |