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

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| --- |
| **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*] |

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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:
 |