**ORIGINATING APPLICATION**

SUPREME COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

[*NAME OF LIST*] LIST **If applicable**

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

First Interested Party

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant |  | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| 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** | | | | |

**Duplicate panel if multiple Applicants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Respondent |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (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** | | | |
| Service | [……] Sheriff service requested for this Respondent  **If requested mark with an ‘x’** | | | |

**Duplicate panel if multiple Respondents**

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| --- | --- | --- | --- | --- |
| Interested Party |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (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** | | | |
| Service | [……] Sheriff service requested for this Interested Party  **If requested mark with an ‘x’** | | | |

**Duplicate panel if multiple Interested Parties**

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter Type:  This Application is by a party to an arbitration agreement for an order to [*prohibit / allow*] the disclosure of confidential information.  This Application is made under  [……] section 23F of the International Arbitration Act 1974 (Cth).  [……] section 23Gof the International Arbitration Act 1974 (Cth).  [……] section 27H of the Commercial Arbitration Act 2011.  [……] section 27H of the Commercial Arbitration Act 2011.  The Applicant seeks the following orders:   1. An order that access to the following confidential information, namely [*details*], be [*prevented /allowed*] in respect of [*name and relevant details*]. 2. [*any other orders sought*].   This Application is made on the grounds set out in the accompanying affidavit sworn by [*name*] on [*date*].  **The Affidavit must identify the person against whom the order is sought; the order sought; the material facts relied on for the making of the order; (if applicable) the terms of the order of the arbitral tribunal allowing disclosure of the information and the date the order was made or (if applicable) either the date the arbitral tribunal’s mandate was terminated or the date and the terms of the request made to the tribunal for disclosure of the confidential information and the tribunal’s refusal to make the order.** |

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| **To the Other Parties: WARNING**  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 **must file and serve on all parties a Response within 14 days after service** of the Applicationand * if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must file and serve on all parties an Affidavit within 14 days after service** of the Application.   If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding (including as to costs) without further warning.  For instructions on how to file a response to an application and how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482. |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this Application is a:  [……] Multilingual Notice (mandatory)  [……] Supporting Affidavit (mandatory) (must be filed and served)  [……] Notice to Respondent Served Interstate (mandatory if address of the respondent or interested party to be served is interstate)  [……] Notice to Respondent Served in New Zealand (mandatory if address of the party to be served is in New Zealand)  [……] Notice to Respondent Served outside Australia (mandatory if address of the party to be served is outside Australia but not in New Zealand)  [……] If other additional document(s) please list them below: |

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| **Note to Parties**  There are usually cost penalties for making an unsuccessful application or resisting a successful application. |