**ORIGINATING APPLICATION FOR REVIEW**

[*SUPREME/DISTRICT/MAGISTRATES/ENVIRONMENT, RESOURCES AND DEVELOPMENT*] **Delete all but one** COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

[*MINOR CIVIL*] **If applicable**

[*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** | | | |

**Duplicate panel if multiple Respondents**

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

**Duplicate panel if multiple Interested Parties**

|  |
| --- |
| **Application Details**  Matter type:  This Application is for review of the decision identified below that  **Summary of decision in one sentence**  This Application is made under:  **Act and section or other source of jurisdiction**  **Decision subject of application**  Date of decision:  Date notice of decision received:  Tribunal/agency/decision maker being reviewed:  Name of individual decision maker: **If known/applicable**  Reference number of tribunal/agency/decision maker: **If known**  Orders challenged:  **Only the orders sought to be reviewed in separate numbered paragraphs**  1.  **Orders sought**  **Orders sought in addition to or in place of the orders made in separate numbered paragraphs**  1.  This Application is made on the grounds set out in the accompanying affidavit sworn  by [*full name*] on the day of 20 .  **If applicable**  **Extension of time**  The Applicant seeks an extension of time to bring this review pursuant to  **Act and section or other particular provision**  on the grounds that:  **Grounds in separate numbered paragraphs**  1.  **If applicable**  **Hearing**  The Applicant requests that the hearing be by written submissions only because  **Reasons in separate numbered paragraphs**  1. |

|  |
| --- |
| **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 Application and * 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. |

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

|  |
| --- |
| **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)  [ ] A copy of the original decision that is the subject of this Review (mandatory – may be exhibited to the supporting affidavit) (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: |

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