To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
Hearing Date and Time:				
Hearing Location:				
O	RIGINATING A	PPLICATION F	OR REVIEW	
[SUPREME/DISTRICT/MAG OF SOUTH AUSTRALIA CIVIL JURISDICTION [MINOR CIVIL] If applicable [NAME OF LIST] LIST If applica		MENT, RESOURCES	AND DEVELOPMENT]	Delete all but one COURT
Please specify the Full Name including capa number if more than one party of the same ty		rustee) and Litigation Guardian I	Name (if applicable) for each party. Ea	ach party should include a party
First Applicant				
First Respondent				
First Interested Party				
•				
Applicant	Τ			
Арріісані	Full Name (including Also Known	as canacity (en Administrator I	iquidator, Trustee) and Litigation Gua	rdian Name (if annlicable))
Name of law firm / solicitor	Tun Name (including Also Known	as, capacity (eg Administrator, E	Table of and Enganon Gua	idian Name (ii applicable))
Address for service	Law Firm		Solicitor	
	Street Address (including unit or	level number and name of proper	ty if required)	T
	City/town/suburb	State	Postcode	Country
Dhone Details	Email address			
Phone Details	Type - Number			

Duplicate panel if multiple Applicants

Respondent						
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	Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))					
Address						
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	Street Address (including unit or level number and name of property if required)					
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Phone Details						
1 Horio Dotalio						
	Type - Number					

Duplicate panel if multiple Respondents

Interested Party						
	Full Name (including Also Know	wn as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guar	dian Name (if applicable))		
Address						
	Street Address (including unit	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

Orders sought

Orders sought in addition to or in place of the orders made in separate numbered paragraphs

This Application is made on the grounds set out in the accompanying affidavit sworn by [full name] day of 20 on the

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)	
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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.