**ORIGINATING APPLICATION FOR REVIEW**

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

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| 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**

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| 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**

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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** |

**Duplicate panel if multiple Interested Parties**

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| **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 the Court’s common law 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 swornby [*full name*] on the day of 20 .**If applicable****Extension of time** The Applicant seeks an extension of time to bring this reviewon the grounds that:**Grounds in separate numbered paragraphs**1.  |

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| **To the Respondent/Interested Party: WARNING**Directions will be given at the hearing at the date and time set out at the top of this document for the progress of this proceeding. 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 to Statement of Facts Issues and Contentions within 28 days after service** of this 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 28 days after service** of this Application.

If you do not do so, the Court may proceed in your absence and orders may be made for the progress ofthis 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 (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. |

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| **STATEMENT OF FACTS ISSUES AND CONTENTIONS**(If Claim lodged via the Portal, complete and upload a Form 4S Statement of Facts Issues and Contentions).(If Claim lodged over the counter at the Registry, complete the Statement of Facts Issues and Contentions and Certification below).**Part 1****Facts****Set out succinctly the essential facts, if any, relied on that were not accepted by the decision maker in separate numbered paragraphs.****Identify the decision subject to review and the relevant subject matter.**1. **Part 2****Issues****Identify succinctly the controversial issues in neutral terms in separate numbered paragraphs. Be very particular about each matter – eg when did it occur, where did it occur, what occurred.**1. **Part 3****Contentions****Identify succinctly the applicant’s contention on each issue in separate numbered paragraphs**1. **Part 4****Orders sought****Orders sought in separate numbered paragraphs**1.  |

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| **Certification****Mark appropriate section below with an ‘x’**[ ] As the filing lawyer, I certify that this pleading is filed in accordance with the instructions of the party/parties for whom I act. There is a proper basis for each allegation of fact in the pleading and itcomplies with the Rules of Court.[ ] As a Litigant in Person (self-represented), I am responsible for filing this pleading. Each allegation of fact in the pleading is true to the best of my knowledge, information and belief.…………………………………….Signature…………………………………….Name printed…………………………………….Date |