To be inserted by Court				
Case Number:				
Date Filed:	Date Filed:			
FDN:				
Hearing Date and Time:				
Hearing Location:				
O	RIGINATING AF	PPLICATION F	OR REVIEW	
MAGISTRATES COURT OF CIVIL JURISDICTION	SOUTH AUSTRALIA			
Please specify the Full Name including capa number if more than one party of the same ty	city (eg Administrator, Liquidator, T pe.	rustee) and Litigation Guardian N	Name (if applicable) for each party. Eac	ch party should include a party
First Applicant				
First Respondent				
Registrar of Births, Deaths First Interested Party	and Marriages			
Second Interested Party				
Applicant				
· ·PP·IOSIII	Full Name (including Also Known	as, capacity (eg Administrator, 1	iquidator, Trustee) and Litigation Guard	dian Name (if applicable))
Name of law firm / solicitor				
Address for service	Law Firm		Solicitor	
	Street Address (including unit or I	evel number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country

Duplicate panel if multiple Applicants

Phone Details

Email address

Type - Number

#### Form 4B

Respondent				
	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guard	lian 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

Business Services		
Consumer and Business Services Births, Deaths and Marriages Level 2, 95 Grenfell Street Street Address including unit or level number and name of property if required		
SA	5000	Australia
State	Postcode	Country
n@agd.sa.gov.au		
1	fell Street unit or level number and name SA State	fell Street unit or level number and name of property if required SA 5000 State Postcode

Interested Party				
	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guard	lian 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  $_{\mbox{\scriptsize Summary of decision in one sentence}}$ 

This Application is made under section 28 of the Relationships Register Act 2016.

# 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

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#### 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] on the day of 20

If applicable

#### **Extension of time**

The Applicant seeks an extension of time to bring this review

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 this 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 this 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 (including the Registrar of Births, Deaths and Marriages).

## **Accompanying Documents**

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

Multilingual Notice (mandatory if any respondent or interested party other than the Registrar)

Supporting Affidavit

# Form 4B

[	]	A copy of the original application to the Registrar of Births, Deaths and Marriages (must be filed and served unless exhibited to affidavit)
[	]	A copy of the original decision and written reasons for the decision that is the subject of this Review (must be filed and served unless exhibited to affidavit)
[	]	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: