**ORIGINATING APPLICATION EX PARTE**

[*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

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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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| **Application Details****Mark appropriate sections below with an ‘x’**Matter Type: This Application is for**Nature of application in one sentence**This Application is made under**Act and section or other particular provision**The Applicant seeks the following orders:**Orders sought in separately numbered paragraphs**This Application is made on the grounds set out in the accompanying affidavit sworn by [f*ull name*] on the day of 20 .**If applicable****Extension of time**The Applicant seeks an extension of time to institute this action pursuant to:[ ] section 48 of the Limitation of Actions Act 1936[ ] other**State section and Act**The grounds for seeking an extension are set out in the accompanying affidavit. |

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| **Accompanying Documents****Mark appropriate sections below with an ‘x’**Accompanying this Application is a:[ ] Supporting Affidavit (mandatory)[ ] If other additional document(s) please list them below: |