To be inserted by Court	
Case Number:	
Date Filed:	
FDN:	
Hearing Date and Time:	
Hearing Location:	

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

Applicant				
	Full Name (including Also Knowr	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guar	dian 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				
Dunlingto manual if multiple Applicants	Type - Number			

Duplicate panel if multiple Applicants

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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

1.

Form 7

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

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:	