**ORIGINATING APPLICATION EX PARTE**

SUPREME COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

**Please specify the Full Name of the Applicant.**

Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant |  | | | |
| **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** | | | |

|  |
| --- |
| **Application Details**  **Mark appropriate sections below with an ‘x’**  This Application is for registration in South Australia as a barrister and solicitor of the Supreme Court of South Australia in accordance with the mutual recognition principle.  This Application is made under  [ ] section 19 of the Mutual Recognition Act (Cth).  [ ] section 18 of the Trans-Tasman Recognition Act 1997 (Cth).  This Application is made on the grounds set out in the statutory declaration of the applicant declared on the day of 20 . |

|  |
| --- |
| **Information**  **Mark appropriate sections below with an ‘x’**  As required by the Act, I supply the following information:  1. I am normally resident in [*State, Territory or Country*].  2. I am duly admitted and am at the present time entitled to practise as a  [ ] barrister [ ] solicitor [ ] barrister and solicitor [ ] legal practitioner  in the [*Court*] of [*location*] .  The date of my admission was the day of 20 .  3. The names and dates of admission of every other jurisdiction in which I have been admitted are as follows:  **If not admitted elsewhere, state ‘None’.**  Jurisdiction Date of Admission  4. I am not the subject of disciplinary proceedings in any jurisdiction (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my conduct as a legal practitioner.  5. My registration as a legal practitioner is not cancelled or currently suspended as a result of disciplinary action in any jurisdiction.  6. I am not otherwise prohibited from practising as a legal practitioner in any jurisdiction, and am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any jurisdiction.  7. In carrying out my occupation, I am subject to the following special conditions:  **State special conditions, if any, and the relevant jurisdiction. Otherwise state: ‘No special conditions’.**  8. I consent to the making of inquiries of, and the exchange of information with, the authorities of any jurisdiction regarding my activities as a legal practitioner however styled or otherwise regarding matters relevant to this notice.  9. I certify that the accompanying documents listed below are complete and accurate copies of the originals. |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  This Application is accompanied by:  [ ] a certified copy of an instrument or instruments evidencing the applicant’s existing registration in the first jurisdiction (mandatory)  [ ] a certified copy of a certificate of fitness or good standing in the applicant’s first jurisdiction and any other jurisdiction in which the applicant is admitted or is registered under the Mutual Recognition Act (Cth)/Trans‑Tasman Recognition Act 1997 (Cth)(mandatory)  [ ] a certified copy of a driver’s licence, passport or birth certificate as evidence of identity (mandatory); and  [ ] a statutory declaration verifying the statements and other information in this Originating Application(mandatory) |