**GUARDIAN CERTIFICATE**

[*SUPREME/DISTRICT/MAGISTRATES/ENVIRONMENT, RESOURCES AND DEVELOPMENT/YOUTH*] **Delete all but one** COURT OF SOUTH AUSTRALIA

[*COURT OF APPEAL*] **If applicable**

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 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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| Lodging Party |  |
| **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** |

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| **Guardian Certificate**I [*name and address of (prospective) guardian*] certify that:1. [*name of person under a legal incapacity*], whose date of birth is [*insert date of birth*], is a person under a legal incapacity. [*insert name*] is incapable of managing their participation in a proceeding because [*insert details of why they are incapable*]
2. **Delete if option 3 applies** I am eligible to be a litigation guardian because **insert one of the below:**
* I am the [*mother/father*] of [*insert name*].
* I am the guardian of *[insert name]* pursuant to [*insert details of appointment*].
* I am [*name of body eligible under UCR 23.7(1)(c)*] and am authorised to act as a litigation guardian pursuant to UCR 23.7(1)(c).
1. **Delete if option 2 applies** I am [*relationship to person under legal incapacity*] of [*insert name*] and if approved by the Court pursuant to UCR 23.7(1)(d) would be eligible to be appointed as litigation guardian in this matter.
2. I do not and would not have an interest in the proceeding adverse to [*insert name*].
3. I understand the rights and obligations of a litigation guardian.
4. I consent to acting as litigation guardian for [*insert name*] in the proceeding.
5. I am not a person under a legal incapacity.
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| **Certification by or on behalf of Litigation Guardian**…………………………………………Signature …………………………………………Name printed…………………………………………If Litigation Guardian is not a natural person, position within Litigation Guardian ………………………….Date |