To be inserted by Court			
Case Number:			
Date Filed:			
FDN:			
REJOINDE	R BY [PARTY TITLE] TO REPI	Y OF [PARTY TITLE]	
[SUPREME/DISTRICT/MAGI CIVIL JURISDICTION [NAME OF LIST] LIST 1f applicat	STRATES] Delete all but one COURT OF SOUTH	AUSTRALIA	
Please specify the Full Name including capac number if more than one party of the same ty		lame (if applicable) for each party. Each party should include a party	
First Applicant			
First Respondent			
First Interested Party			
Lodging Party			
Name of law firm / solicitor	Full Name (including Also Known as, capacity (eg Administrator, Li	quidator, Trustee) and Litigation Guardian Name (if applicable))	
If any	Laureine	Salisha	
	Law Firm	Solicitor	
Service			
The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.			
REJOINDER			
Part 1 Background/uncontroversial matters			
Part 2 Other facts forming the basis of the claim			

Form 54
Part 3 Orders sought
Certification Mark appropriate section below with an 'x'
[ ] As the filing lawyer, I certify that this pleading is filed in accordance with the instructions of the party/parties for whom I act. There is a proper basis for each allegation of fact in the pleading and it complies with the Rules of Court.
[ ] As a Litigant in Person (self-represented), I am responsible for filing this pleading. Each allegation of fact in the pleading is true to the best of my knowledge, information and belief.
Signature
Name printed
ramo pinto
Date