**SURREJOINDER BY [PARTY TITLE] TO REJOINDER OF [PARTY TITLE]**

[*SUPREME/DISTRICT/MAGISTRATES*] **Delete all but one** COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

[*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

First Respondent

First Interested Party

|  |  |
| --- | --- |
| 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** |

|  |
| --- |
| **Service**The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

|  |
| --- |
| **SURREJOINDER****Part 1****Background/uncontroversial matters****Part 2****Other facts forming the basis of the claim****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 itcomplies 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…………………………………….Date |