1 01111 30				
To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
R	ESPONSE BY [	PARTY TITLE	AND NAME]	
[SUPREME/DISTRICT/MAG COURT OF SOUTH AUSTRA CIVIL JURISDICTION [MINOR CIVIL] If applicable [NAME OF LIST] LIST If applica	ALIA	MENT, RESOURCES	AND DEVELOPMENT/Y	OUTH] Delete all but one
Please specify the Full Name including capa number if more than one party of the same ty		rustee) and Litigation Guardian N	Name (if applicable) for each party. Each	ch party should include a party
First Applicant				
First Respondent				
First Interested party				
Party Title Name of law firm / solicitor If any	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guare	lian Name (if applicable))
Address for service	Law Firm		Solicitor	
	Street Address (including unit or	level number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country

Duplicate panel if multiple Parties

Phone Details

# **Service**

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

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# Part 1

## Attitude to the application

Identify whether you support, oppose or are neutral about the Application or the relief sought in it.

#### Part 2

# Response to facts alleged in support of the application Identify which facts from the Application you agree with or disagree with in separate numbered paragraphs.

### Part 3

### Other facts relevant to the application

Other facts not included in the Application that are relevant in separate numbered paragraphs.

# Part 4

# **Orders sought**

Set out why you oppose the orders sought in the Application in separate numbered paragraphs.

1.