**CERTIFICATE OF SHADOW EXPERT**

[*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** |

|  |
| --- |
| **Certificate**I [*name of shadow expert*] of [*address*]**CERTIFY** that: 1. I understand that it is not my role to provide evidence at the trial of this action;
2. I have not been previously engaged in any other capacity to give advice or an opinion in relation to any party’s case or any aspect of it.

…………………………………….Signature…………………………………….Date |
|