

To be inserted by Court

Case Number:

Date Filed:

FDN:

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	<small>Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))</small>	
Name of law firm / solicitor <small>If any</small>	<small>Law Firm</small>	<small>Solicitor</small>

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