**INTERROGATORIES**

[*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** |

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| **To the [*Party name*][*Party Title*]: WARNING**  You are required, within 28 days or such other time as may be fixed by the Court, to answer the interrogatories contained in the Schedule and have them verified on oath. |

**SCHEDULE RE INTERROGATORIES DATED *[Date]***

|  |  |  |
| --- | --- | --- |
| **Number** | **Question** | **Answer** |
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