**ANSWERS TO 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deponent the person who is making the affidavit** | | | | |
| Name |  | | | |
| **Full Name** | | | |
| Address |  | | | |
| **Street (include unit or level number and/or name of property if required).** | | | |
|  |  | |  |
| **City/town/suburb** | **State, Country** | | **Postcode** |
| Phone Details |  | |  | |
| **Type (eg. Home; work; mobile) - Number** | | **Another number** | |

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| **To the** [*Party title*][*name*]***: WARNING***  The above named party answers the interrogatories dated [*date*]as set out in the Schedule. |

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

|  |  |  |
| --- | --- | --- |
| **Number** | **Question** | **Answer** |
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| --- |
| **Affidavit**  **Mark appropriate section below with an ‘x’**  I, [*full name*],   * swear on oath that: * do truly and solemnly affirm that:  1. I am the [*identify party or role within party*]. 2. The above answers to the interrogatories are true to the best of my knowledge, information and belief.   [*Sworn/Affirmed*] **select one** by the deponent  At [*place*]  On [*date*]  …………………………………………  Signature of deponent  before me ………………………………………………  Signature of attesting witness  **Must be an authorised witness – see rule 31.9**  ………………………………………….  Printed name and title of witness  **Stamp here if applicable**  ………………………………………….  Qualification as authorised witness under section 27A(3) of the *Oaths Act 1936*.  ……………………………………..  ID number of witness **if applicable** |