

<p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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## 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

<b>Lodging Party</b>	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

<b>Deponent</b> 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	

<p><b>To the [Party title] [name]: <i>WARNING</i></b></p> <p>The above named party answers the interrogatories dated [date] as set out in the Schedule.</p>
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**SCHEDULE RE INTERROGATORIES DATED [Date]**

Number	Question	Answer

**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