**WRITTEN CASE ON MINOR CIVIL REVIEW**

DISTRICTCOURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

**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))** |
| Review date and time |  |
| **Date and time review next listed for hearing** |

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| **Evidence**  Apart from the evidence before the Magistrate, is there any other evidence that you wish to give at the hearing of the review before the Judge?  [ ] Yes  [ ] No  If yes, the other evidence is: [*brief description of the evidence*]. |

**Written Submissions**

[*submissions*]

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| …………………………………….  Signature  …………………………………….  Name printed  …………………………………….  Date |