**South Australia**

**Youth Court (General) Rules 2016**

**SCHEDULE 1**—**FORMS**

**Schedule 1—Forms dated 1 September 2020:**

**1. come into effect by Amendment No. 2 (South Australian Government Gazette, 27   
 August 2020)**

**2. come into operation on 1 September 2020**

**3. relate to the *Youth Court (General) Rules 2016*, that came into operation on 1 January 2017 (South Australian Government Gazette, 22 December 2016, p. 5192).**

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**Form G1 Application for an Order of the Court**

Form G1

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**APPLICATION FOR AN ORDER OF THE COURT**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party Title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Date of Birth | **Date** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person or Property the subject of the order sought** | | | | |
| Name | **Full Name** | | | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| Application Details  Matter Type:  This Application is for  **Nature of application in one sentence**  This Application is made under  **Act and section or other particular provision**  The Applicant seeks the following orders:  **Orders sought in separately numbered paragraphs**  1.  This Application is made on the grounds set out in the accompanying affidavit sworn  by [*full name*] on the day of 20. |

|  |
| --- |
| **To the other parties: WARNING**  The abovenamed party has applied for orders set out in this Application.  The facts that support this application are set out in the accompanying documentation.  The Application will be considered at the hearing at the date and time set out at the top of this document.  If you wish to oppose the Application or make submissions about it:   * you **must attend the hearing** and * **you may be required to file a Response** at a later stage.   If you do not attend the Court hearing, orders may be made without further warning. |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 clear days before the first hearing, in accordance with the Rules of Court.  [ ] It is intended to serve this application on all other parties.  [ ] It is not intended to serve this application on the following parties: [*list names*]  because [*reasons*] |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this Application is a:  [ ] Supporting Affidavit (mandatory)  [ ] If other additional document(s) please list below: |

**Form G2 Witness Summons Criminal**

Form G2

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**WITNESS SUMMONS CRIMINAL**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

**Important Note: This document must be served on the witness personally.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness Details** | | | |
| Name | **Full Name** | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | |
| **City/town/suburb** | **State** | **Postcode** |
| **Email address** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth Court Registry Details** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | |
| **City/town/suburb** | **State** | **Postcode** |
| **Email address** | | |

|  |  |
| --- | --- |
| **Case Details** | |
| Full Name | **Full Name** |
| Offence | **Offence** |
| Date of Offence | **Date of Offence** |
| Offence Location | **Offence Location** |

|  |
| --- |
| **What you need to do:** (for detailed explanation see attached sheet)   * Attend Court to give evidence on the hearing date * Bring the **Evidentiary Material** listed below * Deliver the **Evidentiary Material** listed below to the Registrar before the hearing   **Evidentiary Material:** |

|  |
| --- |
| **This Summons has been Issued on Application of:**   * The Complainant/Informant * The Defendant * Initiative of the Court |

|  |  |
| --- | --- |
| **Hearing Details** | |
| Registry Name | **Registry Name** |
| Registry Address | **Registry Address** |
| Date of Hearing | **Date of Hearing** |
| Time of Hearing (including am/pm) | **Time of Hearing** |
| Phone Details | **Type - Number** |
| Email Address | **Email Address** |

|  |
| --- |
| …………………………………………  Signature  …………………….  Date YOUTH COURT  Registrar/Justice of the Peace |

|  |
| --- |
| **Information about this summons**  **Unless the summons has the Seal of the Youth Court on it, it has not been properly issued and therefore does not need to be obeyed.**  **What is this document?**  This is a summons, which requires you to either attend Court to give evidence, to produce documents to the Court or both. If you need to produce documents, the summons specifies the documents that you need to produce.  **What do you have to do?**  **If the summons requires you to produce documents or things only,** you may comply with it by delivering all of the documents or things to the Registrar of the Youth Court at the address given prior to the time and date on the summons. If you do that, you do not have to attend on the day and at the time shown on the summons.  You should only deliver documents or things to the Registrar if you have **all of the documents or things requested** and if you have **no objection to producing them to the Court and to them being inspected by the parties to the case.**  If you do deliver the documents or things to the Registrar, they should be securely packaged and **have a copy of this summons attached.**  **If you object** to the parties seeing the documents or things, you must come to Court on the day and at the time listed and tell the Magistrate why you object to producing them.  **If the summons requires you to give evidence** (whether or not it also requires you to bring documents or things), you must attend at the Registry on the day shown in sufficient time to be in the correct courtroom by the time listed unless you contact the person who had this summons issued and have arranged to come to Court at some other time.  **What about the cost of attending court?**  In addition to your reasonable expenses of attending at Court, you are also entitled to be paid **by the party who had this summons issued** your reasonable expenses incurred in complying with the summons, including an appropriate witness fee.  If you need all or some of these expenses paid **before** you come to Court, you should contact the party who had the summons issued.  **If you do not understand what you must do**, or if you cannot comply with this summons, you should contact:  The Registrar of the Court that issued the summons;  The person that applied to issue the summons; **and/or**  A solicitor to obtain your own legal advice. |

|  |
| --- |
| **Proof of Service:**  Name of Person Serving:  Address of Person Serving:  Name of Person Served:  Address at which Service effected:  Date Service effected:  Time of day: Between [*time – am/pm*] and [*time – am/pm*]  **Method of Service:** **(Mark appropriate box with an ‘x’)**   * Personally, or * Any other method permitted by the Rules – specify: [*specify service*]   I certify that I served the attached document in the manner described.  Certified this [*number of day*] day of [*month*] [*year*]  ………………………………….  Signature |

**Form G2A Witness Summons to Attend to Give Evidence**

Form G2A

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:** |  |  |

**WITNESS SUMMONS TO ATTEND TO GIVE EVIDENCE**

YOUTH COURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name including capacity for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person subject to Summons** | | | | |
| Person | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| YOU ARE ORDERED to **attend to give evidence at the date, time and location set out above** unless you receive notice of a later date or time from the issuing party, in which case the later date or time is substituted.  You must continue to attend from day to day unless you are excused by the Court or the person authorised to take evidence in this matter or until the hearing of the matter is completed.  **Failure to comply with this summons without lawful excuse is a contempt of court and may result in your arrest.**  You should read all of the Notes set out at the end of this summons. |

|  |
| --- |
| The last date for service of this summons is [*date*] (see Note 2).  **If applicable**  The last date for service was fixed by order made by [*title and name of judicial officer*] on [*date*]. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Summons issued at the request of the following party** | | | | | |
| **Party Title** | **Full Name** | | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | | |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
| **Email address** | | | | |
| Phone Details | **Type - Number** | | | | |

**Duplicate panel if required**

|  |
| --- |
| **Notes**  **Is this Summons valid?**   1. This Summons is only valid if it has the Court seal. 2. Unless you actually knew of this Summons before the last date for service, this Summons must have been served on you before the last date for service set out at the top of this Summons. 3. If this Summons does not comply with notes 1 or 2, you need not comply with it.   **Addressee a corporation**   1. If this Summons is addressed to a corporation, the corporation must comply with the Summons by its appropriate or proper officer.   **Applications in relation to the Summons**   1. You may apply to the Court for an order setting aside the Summons (or a part of it) or for other relief in respect of the Summons.   **Cost of complying with this Summons**   1. You are entitled to be paid by the party who requested this Summons to be issued:   a. your reasonable expenses of attending Court, including travel expenses;  b. your reasonable expenses of complying with this Summons, including an appropriate witness fee; and  c. any other expense incurred or loss suffered in complying with this Summons, including legal fees.   1. If you need your reasonable expenses of attending Court paid before you come to Court, you should as soon as practicable contact the party who requested this Summons to be issued. 2. If you will need to travel from **outside of South Australia**, you are entitled to be paid your expenses of attending Court 14 days before the date of the hearing. If this does not happen, you do not need to obey this Summons. 3. You may apply to the Court for an order for payment of these expenses, if required.   **Consequences of not complying with this Summons**   1. If you fail to comply with this Summons without a lawful excuse, any of the following might happen:   a. **you may be arrested** and brought before the Court.  b. you may be found to be in **contempt of court and may be liable for a fine or imprisonment**.  c. the Court may make any other order within its powers to ensure compliance with this Summons.  **Attending Court**   1. If you need an interpreter, or if you have a disability that affects your ability to give evidence, you must advise the Court as soon as practicable of any assistance you require. If you need an interpreter, this includes advising the Court of the language and dialect you require. 2. For general information about attending Court, Court services and translation services visit [www.courts.sa.gov.au](http://www.courts.sa.gov.au)   **Questions**   1. If you have any questions about what you must do, or if you cannot comply with the Summons, you should contact:   a. the Registrar of the Court; or  b. the party who requested this Summons to be issued; or  c. a solicitor to obtain your own legal advice. |

**Form G2B Witness Summons to Produce Documents**

Form G2B

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:** |  |  |

**WITNESS SUMMONS TO PRODUCE DOCUMENTS**

YOUTH COURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name including capacity for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person subject to Summons** | | | | |
| Person | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| YOU ARE ORDERED to **attend to produce this Summons or a copy of it and the documents or things specified in the Summons/Schedule of documents attached to this Summons at the date, time and location set out above** unless you receive notice of a later date or time from the issuing party, in which case the later date or time is substituted.  Alternatively, you may comply with this Summons by delivering or sending this Summons or a copy of it and the documents or things specified in the **Summons/Schedule of documents** to the Registrar at the address below, or if there is more than one address below, at any one of those addresses, so that they are received not less than 2 clear business days before the date specified for production. (see Notes 5-9 below)  Address, or any address, to which the Summons (or a copy of it) and documents or things may be delivered or posted:  [*Court*]of South Australia Civil Registry  **Address**  **Failure to comply with this summons without lawful excuse is a contempt of court and may result in your arrest.**  You should read all of the Notes set out at the end of this summons**. You must complete the Declaration by Addressee (Summons Recipient) set out at the end of this Summons.** |

|  |
| --- |
| The last date for service of this summons is [*date*](see Note 2).  **If applicable**  The last date for service was fixed by order made by [*title of judicial officer*] [*name*] on [*date*]. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Summons issued at the request of the following party** | | | | | |
| **Party Title** | **Full Name** | | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | | |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
| **Email address** | | | | |
| Phone Details | **Type - Number** | | | | |

**Duplicate panel if required**

|  |
| --- |
| **Documents and Things**  **Mark appropriate section below with an ‘x’**  The documents and things you must produce  [ ] are included in the Schedule attached to this Summons.  [ ] are as follows  **List documents or things**  1. |

|  |
| --- |
| **Notes**  **Is this Summons valid?**   1. This Summons is only valid if it has the Court seal. 2. Unless you actually knew of this Summons before the last date for service, this Summons must have been served on you before the last date for service set out at the top of this Summons. 3. If this Summons does not comply with notes 1 or 2, you need not comply with it.   **Addressee a corporation**   1. If this Summons is addressed to a corporation, the corporation must comply with the Summons by its appropriate or proper officer.   **Sending documents and things by post**   1. You can comply by sending the required documents to the Registrar of Court as set out earlier in this Summons. The documents must arrive at the Registry no later than 2 clear business days before the date for attending Court. 2. If you object to any documents or things produced being inspected by the parties, you must notify the Registrar in the way described in Note 10.   **Producing documents and things generally**   1. Unless the Summons says that you must produce an original document, you are required to produce copies (either hard copy or digital copy) of the documents the subject of this Summons rather than originals. 2. If you are producing copies, you are encouraged to do so by producing digital copies rather than hard copies. This can be done by producing a USB or memory card containing the documents in any of the following document formats:    * 1. .doc and .docx – Microsoft Word documents      2. .pdf – Adobe Acrobat documents      3. .xls and .xlsx – Microsoft Excel spreadsheets      4. .jpg – image files      5. .rtf – rich text format      6. .gif – graphics interchange format      7. .tif – tagged image format      8. any other format which is agreed with the issuing party. 3. If you produce more than one document or thing, you must, if requested by the Court, produce a list of the documents or things produced.   **Objections and Applications in relation to documents and things**   1. You may object on recognised grounds to the parties or a party inspecting some or all of the documents or things produced. **You must notify the Registrar in writing of any objection at the time you produce the documents or things.** The objection must state:    1. the documents or things the subject of the objection;    2. whether you object to all other parties inspecting the documents or things, or if you only object to some parties inspecting the documents or things;    3. why you are objecting, which may include different reasons for different documents or things. 2. You may apply to the Court:   a. for an order setting aside the Summons (or a part of it) or for other relief in respect of the Summons; or  b. for an order with respect to your claim for privilege, public interest immunity or confidentiality in relation to any document or thing produced.  **Cost of complying with this Summons**   1. You are entitled to be paid by the party who requested this Summons to be issued:   a. your reasonable expenses of attending Court, including travel expenses;  b. your reasonable expenses of complying with this Summons, including an appropriate witness fee; and  c. any other expense incurred or loss suffered in complying with this Summons, including legal fees.   1. If you need your reasonable expenses of attending Court paid before you come to Court, you should as soon as practicable contact the party who requested this Summons to be issued. 2. If you will need to travel from **outside of South Australia**, you are entitled to be paid your expenses of attending Court 14 days before the date of the hearing. If this does not happen, you do not need to obey this Summons. 3. You may apply to the Court for an order for payment of these expenses, if required.   **Consequences of not complying with this Summons**   1. If you fail to comply with this Summons without a lawful excuse, any of the following might happen:   a. **you may be arrested** and brought before the Court.  b. you may be found to be in **contempt of court and may be liable for a fine or imprisonment**.  c. the Court may make any other order within its powers to ensure compliance with this Summons.  **Attending Court**   1. For general information about attending Court and Court services visit [www.courts.sa.gov.au](http://www.courts.sa.gov.au).   **Questions**   1. If you have any questions about what you must do, or if you cannot comply with the Summons, you should contact:   a. the Registrar of the Court; or  b. the party who requested this Summons to be issued; or  c. a solicitor to obtain your own legal advice. |

|  |
| --- |
| **Notes to Lodging Party**  If the recipient is to be served interstate, a Form 108 Notice must be served with the Summons.  If the recipient is a prisoner to be served interstate, a Form 109 Notice must be served with the Summons.  If the recipient is to be served in New Zealand a Form 110 Notice must be served with the Summons. |

**SCHEDULE TO SUMMONS**

[*list of documents or things*]

|  |
| --- |
| **DECLARATION BY ADDRESSEE (SUMMONS RECIPIENT)**  **You must complete the Declaration below and produce it at the same time as the Summons with the copy of the documents or things required by the Summons.**  If you declare that the material you produce are copies of documents, the Registrar may, without further notice to you, destroy the copies after the expiry of 4 months from the conclusion of the matter or, if the documents become exhibits in the matter, when they are no longer required in connection with the matter, including on any appeal.  If you declare that the material you produce is or includes any original document, the Court will return all of the material to you at the address specified by you in the Declaration below.  **Mark appropriate section below with an ‘x’**  [ ] **All copied documents**  All of the material I am providing in compliance with this Summons comprises copies of documents. I acknowledge that the Court will destroy the copies once they are no longer required, without further notice to me.  [ ] **Some original documents**  Some or all of the material I am providing in compliance with this Summons is an original document. Once the material is no longer required, all of the material should be returned to me at the following address:  **Address for return of material.**  …………………………………………  Signature of Addressee  …………………………………………  Name printed  ………………………….  Date |

**Form G2C Witness Summons to Attend and Produce**

Form G2C

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:** |  |  |

**WITNESS SUMMONS TO ATTEND AND PRODUCE**

YOUTH COURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person subject to Summons** | | | | |
| Person | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| YOU ARE ORDERED **to attend to produce this Summons or a copy of it and the documents or things specified in the Summons/Schedule of documents attached to this Summons at the date, time and location set out above** unless you receive notice of a later date or time from the issuing party, in which case the later date or time is substituted.  Insofar as you are required to produce this Summons or a copy of it and documents or things, you may comply with this requirement by delivering or sending this Summons or a copy of it and the documents or things specified in the **Summons/Schedule of documents** to the Registrar at the address below, or if there is more than one address below, at any one of those addresses, so that they are received not less than 2 clear business days before the date specified for production. (see Notes 5-11 below)  Address, or any address, to which the Summons (or a copy of it) and documents or things may be delivered or posted:  [*Court*]of South Australia Civil Registry  **Address**  **Failure to comply with this summons without lawful excuse is a contempt of court and may result in your arrest.**  You should read all of the Notes set out at the end of this summons. **You must complete the Declaration by Addressee (Summons Recipient) set out at the end of this Summons.** |

|  |
| --- |
| The last date for service of this summons is [*date*] (see Note 2).  **If applicable**  The last date for service was fixed by order made by [*title of judicial officer*] ([*name*] on [*date*]. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Summons issued at the request of the following party** | | | | | |
| **Party Title** | **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | | |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
| **Email address** | | | | |
| Phone Details | **Type - Number** | | | | |

**Duplicate panel if required**

|  |
| --- |
| Documents and Things  **Mark appropriate section below with an ‘x’**  The documents and things you must produce  [ ] are included in the Schedule attached to this Summons.  [ ] are as follows  **List documents or things**  1. |

|  |
| --- |
| **Notes**  **Is this Summons valid?**   1. This Summons is only valid if it has the Court seal. 2. Unless you actually knew of this Summons before the last date for service, this Summons must have been served on you before the last date for service set out at the top of this Summons. 3. If this Summons does not comply with notes 1 or 2, you need not comply with it.   **Addressee a corporation**   1. If this Summons is addressed to a corporation, the corporation must comply with the Summons by its appropriate or proper officer.   **Sending documents and things by post**   1. For the part of this Summons requiring you to produce documents, you can comply by sending the required documents to the Registrar of Court as set out earlier in this Summons. The documents must arrive at the Registry no later than 2 clear business days before the date for attending Court. If you do this, you will still need to attend Court to give evidence. 2. If you object to any documents or things produced being inspected by the parties, you must notify the Registrar in the way described in Note 10.   **Producing documents and things generally**   1. Unless the Summons says that you must produce an original document, you are required to produce copies (either hard copy or digital copy) of the documents the subject of this Summons rather than originals. 2. If you are producing copies, you are encouraged to do so by producing digital copies rather than hard copies. This can be done by producing a USB or memory card containing the documents in any of the following document formats: 3. .doc and .docx – Microsoft Word documents 4. .pdf – Adobe Acrobat documents 5. .xls and .xlsx – Microsoft Excel spreadsheets 6. .jpg – image files 7. .rtf – rich text format 8. .gif – graphics interchange format 9. .tif – tagged image format 10. any other format which is agreed with the issuing party. 11. If you produce more than one document or thing, you must, if requested by the Court, produce a list of the documents or things produced.   **Objections and Applications in relation to documents and things**   1. You may object on recognised grounds to the parties or a party inspecting some or all of the documents or things produced. You must notify the Registrar in writing of any objection at the time you produce the documents or things. The objection must state:    1. the documents or things the subject of the objection;    2. whether you object to all other parties inspecting the documents or things, or if you only object to some parties inspecting the documents or things;    3. why you are objecting, which may include different reasons for different documents or things. 2. You may apply to the Court:   a. for an order setting aside the Summons (or a part of it) or for other relief in respect of the Summons; or  b. for an order with respect to your claim for privilege, public interest immunity or confidentiality in relation to any document or thing produced.  **Cost of complying with this Summons**   1. You are entitled to be paid by the party who requested this Summons to be issued:   a. your reasonable expenses of attending Court, including travel expenses;  b. your reasonable expenses of complying with this Summons, including an appropriate witness fee; and  c. any other expense incurred or loss suffered in complying with this Summons, including legal fees.   1. If you need your reasonable expenses of attending Court paid before you come to Court, you should as soon as practicable contact the party who requested this Summons to be issued. 2. If you will need to travel from outside of South Australia, you are entitled to be paid your expenses of attending Court 14 days before the date of the hearing. If this does not happen, you do not need to obey this Summons. 3. You may apply to the Court for an order for payment of these expenses, if required.   **Consequences of not complying with this Summons**   1. If you fail to comply with this Summons without a lawful excuse, any of the following might happen:   a. you may be arrested and brought before the Court.  b. you may be found to be in contempt of court and may be liable for a fine or imprisonment.  c. the Court may make any other order within its powers to ensure compliance with this Summons.  **Attending Court**   1. If you need an interpreter, or if you have a disability that affects your ability to give evidence, you must advise the Court as soon as practicable of any assistance you require. If you need an interpreter, this includes advising the Court of the language and dialect you require. 2. For general information about attending Court, Court services and translation services visit [www.courts.sa.gov.au](http://www.courts.sa.gov.au).   **Questions**   1. If you have any questions about what you must do, or if you cannot comply with the Summons, you should contact:   a. the Registrar of the Court; or  b. the party who requested this Summons to be issued; or  c. a solicitor to obtain your own legal advice. |

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| **Notes to Lodging Party**  If the recipient is to be served interstate, a Form 108 Notice must be served with the Summons.  If the recipient is a prisoner to be served interstate, a Form 109 Notice must be served with the Summons.  If the recipient is to be served in New Zealand a Form 110 Notice must be served with the Summons. |

**SCHEDULE TO SUMMONS**

[*list of documents or things*]

|  |
| --- |
| **DECLARATION BY ADDRESSEE (SUMMONS RECIPIENT)**  **You must complete the Declaration below and produce it at the same time as the Summons with the copy of the documents or things required by the Summons.**  If you declare that the material you produce are copies of documents, the Registrar may, without further notice to you, destroy the copies after the expiry of 4 months from the conclusion of the matter or, if the documents become exhibits in the matter, when they are no longer required in connection with the matter, including on any appeal.  If you declare that the material you produce is or includes any original document, the Court will return all of the material to you at the address specified by you in the Declaration below.  **Mark appropriate section below with an ‘x’**  [ ] **All copied documents**  All of the material I am providing in compliance with this Summons comprises copies of documents. I acknowledge that the Court will destroy the copies once they are no longer required, without further notice to me.  [ ] **Some original documents**  Some or all of the material I am providing in compliance with this Summons is an original document. Once the material is no longer required, all of the material should be returned to me at the following address:  **Address for return of material.**  …………………………………………  Signature of Addressee  …………………………………………  Name printed  ………………………….  Date |

**Form G3 Warrant of Apprehension of Witness**

Form G3

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**WARRANT OF APPREHENSION OF WITNESS**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |
| --- | --- | --- |
| Lodging Party | **Full Name** | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | **Solicitor** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Witness subject of Warrant** | | | | | |
| Witness | **Full name** | | | | |
| Address  (registered office if body corporate) | **Street Address (including unit or level number and name of property if required)** | | | | |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
| **Email address** | | | | |
| Date of Birth and Licence no **If known** |  | | |  | |
| Phone Details | **Type - Number** | | | | |

|  |
| --- |
| **To the Commissioner of Police for the State of South Australia and Each Member of the Police Force for the State**  **Recitals**  **Mark appropriate section below with an ‘x’**  The Court is satisfied that:  [ ] the Witness has failed to comply with a [*subpoena/summons*] dated [*date*].  [ ] there are grounds for believing that the Witness would not comply with a [*subpoena/ summons*] that might be  issued under section 18(1) of the *Youth Court Act 1993* to give evidence in this proceeding***.***  [ ] a warrant should issue under section 19(3) of the *Youth Court Act 1993*.    **Warrant**  YOU ARE DIRECTED to arrest the above named Witness and, subject to any endorsement below, bring the Witness as soon as practicable before the Court to be further dealt with according to law. |

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| --- |
| **Endorsement**  The witness may be released on bail conditioned to appear before the court. |

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| **Court use only**  ….……………………………………  Registrar |

**Form G4 Authorisation to Enter and Inspect (Land or Building)**

Form G4

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Signed:  FDN: |  |

**AUTHORISATION TO ENTER AND INSPECT (LAND/BUILDING)**

YOUTH COURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorised Officer | **Full Name** | | | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| **Authorisation**  The authorised officer is authorised to enter the land and/or building mentioned below and to carry out an inspection pursuant to an order of the Court. This Authorisation is given pursuant to section 20(2) of the *Youth Court Act 1993*.  Description of land/building:  Address:  Note:  Any person who refuses or fails without reasonable excuse to produce evidentiary material as required by the Court to produce commits a contempt of Court. |

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| **Court use only**  …………………………………………  Magistrate/Registrar/Justice |

**Form G5 Summons to Produce Person in Custody**

Form G5

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Signed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:** |  |  |

**SUMMONS TO PRODUCE PERSON IN CUSTODY**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person in Custody** | | | | |
| Person in Custody | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Name of Institution | **Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| **Introduction**  **Mark appropriate section below with an ‘x’**  [*Judicial Officer Title*] [*Name*]  **If applicable**  Application made by: [*Party titles and names*]  **If applicable**  Appearances:[*name, solicitor/counsel for the Party titles / in person*]  **Recitals**  The above named [Person](http://classic.austlii.edu.au/au/legis/sa/consol_act/csa1982234/s78.html#prisoner) in Custody is required to attend before the Court as a [*party/witness*] at the date, time and location set out above.  **Date of Order**:  **Terms of Order**  It is ordered pursuant to section 28 of the *Correctional Services Act 1982* and section 21 of the *Youth Court Act 1993* that the abovenamed Person in custody attend at the Court [*in person/by video link*] at the date, time and location set out above. |

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| --- |
| **To the Manager of the Institution at which the person is in custody**  YOU ARE DIRECTED to take the Person in Custody into your custody and produce the Person in accordance with this Summons to appear before the Court [*in person/by video link*]. |

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| **Court use only**  ……………………………………  Registrar |

**Form G6 Appeal from Interlocutory Judgment of Magistrate or Special Justice**

Form G6

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| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**APPEAL FROM INTERLOCUTORY JUDGMENT OF MAGISTRATE/SPECIAL JUSTICE**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name including capacity for each party. Each party should include a party number if more than one party of the same type.**

First Appellant

First Respondent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Appellant | **Full Name** | | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | | |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
| **Email address** | | | | |
| Phone Details | **Type - Number** | | | | |

**Duplicate panel if multiple Appellants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Respondent | **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

**Duplicate panel if multiple Respondents**

|  |
| --- |
| **Appeal Details**  The Appellant appeals to a Judge of the Youth Court of South Australia against the judgment identified below.  This Appeal is brought under section 22(2)(a) of the *Youth Court Act 1993*.  **Judgment subject of appeal**  Order appealed against:  Name of Presiding Officer:  Date of judgment:  Nature of judgment:  Grounds of appeal:  **Grounds of appeal in separately numbered paragraphs**  1.  The Appellant seeks the following orders:  **Orders sought in separately numbered paragraphs**  1. |

|  |
| --- |
| **To the Other Parties: WARNING**  The Appellant appeals against the judgment identified above. The parties will be advised of a hearing date in due course.  If you wish to oppose the appeal or make submissions about it, you **must** attend the hearing. If you do not attend the hearing, the Court may make orders **finally determining** the Appeal without further warning. |

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| **Service**  The Appellant must serve a copy of this Notice of Appeal on the Registrar or other proper officer of any other Court/Tribunal appealed from and the Respondent in accordance with the Rules of Court. |

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| **Note to Parties**  There are usually cost penalties for making an unsuccessful Appeal or resisting a successful Appeal. |

**Form G7 Warrant of Commitment – Contempt**

Form G7

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| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Signed:  FDN: |  |

**WARRANT OF COMMITMENT - CONTEMPT**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

Complainant/Informant

First Respondent

|  |  |  |
| --- | --- | --- |
| Complainant/Informant | **Full Name** | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | **Solicitor** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person Subject to Warrant | **Full Name** | | | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type – Number** | | | |

**Duplicate panel if multiple parties**

|  |
| --- |
| **To the Sheriff and to the Commissioner of Police and members of the Police Force and to the Chief Executive of the Department of Correctional Services**  **Recitals**  On [*date*] the abovenamed person has been found guilty of contempt of court*.*  **Offence**  Date of offence:  Offence location:  Section and Act:  **Sentence**  Term of imprisonment ordered:  Total imprisonment to be served:  Commencement date:  Non-parole period set:  Non-parole period commencement date:  Date order made:  Date warrant issued:  This defendant has been dealt with by a Court and sentence to a term of imprisonment.  **Warrant**  **Mark appropriate section below with an ‘x’**  YOU ARE DIRECTED to deliver the abovenamed person to the Chief Executive who is required to receive and safely keep the prisoner  [ ] for [*number*] of days or  [ ] until the Registrar withdraws this Warrant or  [ ] until the prisoner is discharged in accordance with law. |

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| **Court use only**  …………………………………………  Registrar |

**Form G8 Affidavit**

Form G8

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**AFFIDAVIT**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deponent Details** | | | | |
| Deponent | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Occupation | **Occupation** | | | |

|  |
| --- |
| **Affidavit**  **Mark appropriate section below with an ‘x’**  I [*full name, address and occupation of deponent*]  [ ] SWEAR ON OATH / [ ] DO TRULY AND SOLEMNLY AFFIRM THAT:  **Set out text in separate numbered paragraphs**  **If the affidavit relates to an application, identify the application and state the material facts relevant to the application.**  1.  I, the abovenamed deponent, swear/affirm that the contents of this affidavit are true and correct to the best of my knowledge and belief.  Sworn/Affirmed **Delete whichever is inapplicable**  By the abovenamed deponent  at [*place*]  on [*date*]  …………………………………………  Signature of deponent  before me ………………………………………………  Signature and title of attesting witness    ……………………………….  Printed name and title of witness **Stamp here if applicable**  ……………………………………..  ID number of witness  **If applicable** |

|  |
| --- |
| **Instructions**   * Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2. Please attach additional pages to the Affidavit as necessary. * The affidavit should be confined to facts and should not include submissions. * The affidavit should not reproduce material already contained in affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found. * An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit. * A single ‘front page’ must be inserted in front of the exhibits. * Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness. * An affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place. * The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits (‘the witness’). Persons authorised to witness an affidavit are:  1. a Registrar or Deputy Registrar 2. any other officer of the Court whom the Registrar has assigned for this purpose;   (c) a public notary;  (d) a commissioner for taking affidavits;  (e) a justice of the peace for South Australia;  (f) any other person authorised by law to take affidavits.   * The contents of an affidavit cannot be altered after the affidavit has been sworn or affirmed. * The party serving an affidavit must serve copies of all exhibits with the affidavit. |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 clear business days prior to the next hearing, pursuant to the Rules of Court.  [ ] It is intended to serve this application on all other parties.  [ ] It is not intended to serve this application on the following parties: [*list names*]  because [*reasons*] |

**Form G9 Warrant to Produce Person in Custody**

Form G9

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**WARRANT TO PRODUCE PERSON IN CUSTODY**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name including capacity for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person in Custody** | | | | |
| Person in Custody | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Name of institution | **Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| **Introduction**  [*Judicial Officer Title*] [*Name*]  **If applicable**  Application made by: [*Party titles and names*]  **If applicable**  Appearances:[*name, solicitor/counsel for the, Party titles / in person*]  **Recitals**  The above named [Person](http://classic.austlii.edu.au/au/legis/sa/consol_act/csa1982234/s78.html#prisoner) in Custody is required to attend before the Court as a [*Party/Witness*] at the date, time and location set out above.  **Date of Order**:  **Terms of Order**  It is ordered pursuant to section 21(b) of the *Youth Court Act 1993* that the abovenamed Person in custody attend at the Court *[in person/by video link]* at the date, time and location set out above. |

|  |
| --- |
| **To the Sheriff of South Australia and the Chief Executive of the Department of Correctional Services**  YOU ARE DIRECTED to take the Person in Custody into your custody and produce the Person in accordance with this Warrant to appear before the Court [*in person/by video link*]. |

|  |
| --- |
| **Court use only**  …………………………………………  Registrar |

**Form G10A Affidavit of Proof of Service**

Form G10A

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**AFFIDAVIT OF SERVICE**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deponent Process Server Details** | | | | |
| Deponent | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Occupation | **Occupation** | | | |

|  |
| --- |
| **Affidavit**  **Mark appropriate section below with an ‘x’**  I [*full name, address and occupation of deponent*]  [ ] SWEAR ON OATH / [ ] DO TRULY AND SOLEMNLY AFFIRM THAT:  1. I served  [*insert name of person served*]  on [*date*]  at [*insert service location*]  with the following document(s): [*describe document(s) served*]  by the following service method: [*set out the method of service*]  **If applicable**  At the time of service the person served stated [*record what the person served said*].  Note: If the document served is already a document on the court file, it should not be attached to the Affidavit.  Sworn/Affirmed **Delete whichever is inapplicable**  By the abovenamed deponent  at [*place*]  on [*date*]  …………………………………………  Signature of deponent  before me ………………………………………………  Signature and title of attesting witness    ……………………………….  Printed name and title of witness **Stamp here if applicable**  ……………………………………..  ID number of witness  **If applicable** |

|  |
| --- |
| **Instructions**   * Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2. Please attach additional pages to the Affidavit as necessary. * The affidavit should be confined to facts and should not include submissions. * The affidavit should not reproduce material already contained in affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found. * An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit. * A single ‘front page’ must be inserted in front of the exhibits. * Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness. * An affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place. * The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits (‘the witness’). Persons authorised to witness an affidavit are:  1. a Registrar or Deputy Registrar 2. any other officer of the Court whom the Registrar has assigned for this purpose;   (c) a public notary;  (d) a commissioner for taking affidavits;  (e) a justice of the peace for South Australia;  (f) any other person authorised by law to take affidavits.   * The contents of an affidavit cannot be altered after the affidavit has been sworn or affirmed. * The party serving an affidavit must serve copies of all exhibits with the affidavit. |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 clear business days prior to the next hearing, in accordance with the Rules of Court.  [ ] It is intended to serve this document on all other parties.  [ ] It is not intended to serve this document on the following parties: [*list names*]  because [*reasons*] |

**Form G10B Certificate of Proof of Service**

Form G10B

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**CERTIFICATE OF SERVICE**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deponent Process Server Details** | | | | |
| Deponent | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Occupation | **Occupation** | | | |

|  |
| --- |
| **Proof of Service**  Name of person served:  Address at which service effected:  Date service effected:  Time of day: Between am/pm and am/pm  Method of service  **Mark appropriate section below with an ‘x’**  [ ] personally  [ ] by leaving a copy at the last (or most usual) place of abode with a person apparently residing there and not less than 16 years of age;  [ ] by leaving a copy at the place of business with a person apparently employed there and not less than 16 years of age;  [ ] any other method permitted by the Rules – [*specify*]  I certify that I served the attached document in the manner described.  Certified this day of 20 .    …………………………………………  Signature of deponent |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 clear business days prior to the next hearing, in accordance with the Rules of Court.  [ ] It is intended to serve this document on all other parties.  [ ] It is not intended to serve this document on the following parties: [*list names*]  because [*reasons*] |

**Form G11 Warrant to Apprehend a Youth**

Form G11

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**WARRANT TO APPREHEND A YOUTH**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |
| --- | --- |
| **Case Information** | |
| Court File Number | **Court File Number** |
| Originating Document Type | INFORMATION FOR AN INDICTABLE OFFENCE (YOUNG OFFENDERS ACT) |
| Date Substantiated on Oath | **Date Substantiated on Oath** |
| Complainant/ Informant | POLICE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of Youth** | | | | |
| Full Name | **Full name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |

**Duplicate box if multiple charges**

|  |  |
| --- | --- |
| **Particulars of Charge** | |
| Date of Offence | **Date of Offence** |
| Offence Location | **Offence Location** |
| Section and Act | **Section and Act** |

|  |  |
| --- | --- |
| **Existing Bail Details** | |
| Date Granted | **Date Granted** |
| Date Bailed To | **Date Bailed To** |
| Date Bail Revoked | **Date Bail Revoked** |

|  |
| --- |
| **Reason for Issue of Warrant:**  **Date Warrant Issued:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To the Commissioner of Police for the State of South Australia and each member of the police force for the said State.  You are hereby directed to apprehend the youth and, unless bailed pursuant to the authority included herein, bring the youth as soon as practicable before the Court to answer these charges and to be further dealt with according to law.   |  | | --- | | **ENDORSEMENT** Pursuant to section 5(2)(b) of the *Bail Act 1985.* | | **Variable 1** The defendant may not be released on bail. | | **Variable 2** At the discretion of a member of the police force who is of, or above, the rank of Sergeant or who is in charge of a police station, the defendant **may be released** on bail. | | **Variable 3** Person or class of persons authorised/required to release the defendant on bail following arrest  **BAIL AUTHORISED / BAIL EXCLUDED** |     Date   JUSTICE OF THE PEACE |

**Form G12 Mandate Remanding a Youth**

Form G12

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**MANDATE REMANDING A YOUTH**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

|  |  |
| --- | --- |
| **Case Information** | |
| Court File Number | **Court File Number** |
| Originating Document Type | INFORMATION FOR AN INDICTABLE OFFENCE (YOUNG OFFENDERS ACT) |
| Complainant/ Informant | POLICE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of Youth** | | | | |
| Full Name | **Full name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |

**Duplicate box if multiple charges**

|  |  |
| --- | --- |
| **Particulars of Charge** | |
| Date of Offence | **Date of Offence** |
| Offence Location | **Offence Location** |
| Section and Act | **Section and Act** |

|  |  |
| --- | --- |
| **Particulars of Remand** | |
| Court Remanded To | YOUTH COURT OF SOUTH AUSTRALIA |
| Sitting At | ADELAIDE |
| Date and Time Remanded To | **Date and Time Remanded To** |
| Reason for Remand | **Reason for Remand** |
| Date of Remand | **Date of Remand** |
| Correctional Institution | KURLANA TAPA YOUTH JUSTICE CENTRE |

|  |
| --- |
| **Date Mandate Issued:** [*Full date*] |

|  |
| --- |
| To the Sheriff, Commissioner of Police for the State of South Australia and each member of the police force of the said State and to the Chief Executive officer of the Department for Child Protection and to the Supervisor of the abovementioned correctional institution  You, the Sheriff, and you, the Commissioner of Police and Members of the Police Force, and you, the Chief Executive Officer of the Department for Communities and Social Inclusion are directed to convey the youth to the abovementioned correctional institution and you, the Supervisor of the abovementioned correction institution are directed to receive the youth and, unless the youth has been bailed in the meantime, detain the youth until the date and time remanded to as abovementioned, and on that date and at that time to have the youth at the Court remanded to as abovementioned to be further dealt with according to law, unless otherwise ordered in the meantime.    Signature     JUDGE/MAGISTRATE |

**Form G13 Notice for the Payment of Money**

Form G13

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**NOTICE FOR THE PAYMENT OF MONEY**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

IN THE MATTER OF [*name of Youth*]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

Applicant

Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Youth** | | | | |
| Name | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of Parent/Guardian** | | | | |
| Name | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Phone Details | **Type - Number** | | | |

|  |
| --- |
| **Notice to [*name of Youth*]: Section 30 of the *Young Offenders Act 1993*.**  **What do you have to do?**  You have been ordered to pay money in the sum of $[*amount*] to the Fines Enforcement and Recovery Unit (‘FERU’) before [***date***].  This amount is to be paid as [*a fine/compensation/part of your Good Behaviour Obligation conditions*].  You can pay the [*fine/compensation/money*] between [*open days and times*].  **How can you pay the money?**  You can pay the money to FERU by credit card, BPay, direct debit, CentrePay or money order (to the ‘Chief Recovery Officer’). Please contact FERU to confirm the current availability of payment methods such as EFTPOS.  You can find more information on the FERU Website: <https://www.fines.sa.gov.au/ways-to-pay> and you can also ask for flexible payment arrangements.  **Who can you ask if you have questions?**  If you have any questions about how and where to make a payment to FERU, please contact FERU using the contact details at the end of this Notice.  If you have any questions about what the money you have to pay is for, please speak with the Youth Court Registry by phone (08) 8204 0331, email [youthcourt@courts.sa.gov.au](mailto:youthcourt@courts.sa.gov.au) or in person at 75 Wright Street, Adelaide S.A. 5000. |

|  |
| --- |
| **Fines Enforcement and Recovery Unit (‘FERU’) Contact Details:**  **Phone number:** 1800 659 538  **Online enquiry form:** <https://www.fines.sa.gov.au/fines-enforcement-and-recovery-unit/contacting-us>  **Postal Address:** PO Box 288  Rundle Mall S.A. 5000 |

**Form S1 Application for an Order of the Court (Surrogacy)**

Form S1

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**ORIGINATING APPLICATION FOR AN ORDER OF THE COURT (SURROGACY)**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Intended Parent

**Only displayed if applicable**

Second Intended Parent

Surrogate Mother

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the Intended Parent[*s*]** | | | | |
| First Intended Parent | **Full name** | | | |
| Second Intended Parent  **If applicable** | **Full name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Intended Parent** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Email Address  **Optional** | **Email address** | | | |

**Only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Second Intended Parent** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Email Address  **Optional** | **Email address** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surrogate Mother** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Email Address  **Optional** | **Email address** | | | |

|  |  |
| --- | --- |
| **Child** | |
| Name | **Full Name (as at time of Application)** |
| Date of Birth | **Date of Birth** |
| Gender | [ ] Female  [ ] Male  [ ] Indeterminate  **Mark appropriate section with an ‘x’** |
| Place of Birth | **Place of birth** |

**Duplicate panel if multiple children**

|  |
| --- |
| **Application Details**  The Intended Parent or Intended Parents seek the following order/s:  **Mark each order sought with an ‘X’.**   * An order under section 18(1) of the *Surrogacy Act 2019* declaring:  1. That the relationship between the child and intended parent or parents is as specified in the order; and 2. That the relationship between the child and the surrogate mother is as specified in the order; and 3. That the relationships of all other persons to the child are determined according to the operation and effect of the orders above.   This application is made:  **Mark one box below with an ‘X’.**   * Between 30 days and 12 months after the abovenamed child is born. * For an order of the Court under section 18(2)(b) of the *Surrogacy Act 2019* for the application to be   considered more than 12 months after the birth of the child. * An order declaring the name of the child will be:   SURNAME: [*name*]  FIRST (AND SECOND) NAMES: [*name*]   * An order to dispense with consent of the surrogate mother. **Sections 18(5)(c) and 18(6) of the *Surrogacy Act 2019****.* * An order excusing failure to comply with a particular requirement of Part 3 of the Act (other than a prescribed requirement) **Section 18(7) of the *Surrogacy Act 2019****.* * An order in in favour of one intended parent. **Section 18(9) of the *Surrogacy Act 2019****.* * An order that the surrogate child is separately represented. **Section 20 of the *Surrogacy Act 2019****.* * Any other order or a consequential or ancillary order as outlined below or provided for under the Act:   **Please outline in separately numbered paragraphs:**  Does the Applicant know of the identity of any human reproductive material used in relation to the lawful surrogacy agreement? **(Please note: N/A if the donor of the human reproductive material is the Surrogate Mother or an Intended Parent). Section 18(3) of the *Surrogacy Act 2019*.**   * N/A. * Known – The identity of the donor is [*identity of donor*]. * Unknown.   This Application is made on the grounds set out in the accompanying [*affidavit/affidavits*] sworn by  [*full name/full names*] on the day of 20 . |

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| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing, in accordance with legislation and the Rules of Court.   * It is intended to serve this application on all other parties. * It is not intended to serve this application on the following parties: [*list names*]   because [*reasons*] |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this application is a:   * Supporting Affidavit of Intended Parent/Parents (required) * Supporting Affidavit of Surrogate Mother (required unless application is made under section 18(6) of the *Surrogacy Act 2019*) * Copy of the Surrogacy Agreement (required if originating application is made under section 18(1) of the *Surrogacy Act 2019)* * If other additional document(s) please list them below: |

**Form S2 Application to Revoke Order (Surrogacy)**

Form S2

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**APPLICATION TO REVOKE ORDER (SURROGACY)**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

Birth Mother

First Parent

**Only displayed if applicable**

Second Parent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the Birth Mother** | | | | |
| Birth Mother | **Full name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Parent** | | | | |
| Name | **Full Name** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Email Address  **If Known** | **Email address** | | | |

**Only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Second Parent** | | | | |
| Name | **Full Name** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Email Address  **If Known** | **Email address** | | | |

|  |  |
| --- | --- |
| **Child** | |
| Name | **Full Name (as at time of Application)** |
| Date of Birth | **Date of Birth** |
| Gender | [ ] Female  [ ] Male  [ ] Indeterminate  **Mark appropriate section with an ‘x’** |
| Place of Birth | **Place of birth** |

**Duplicate panel if multiple children**

|  |
| --- |
| **Application Details**  The Surrogate Mother of the child seeks the following order:  **Mark each order sought with an ‘X’.**   * An order under section 19(1) of the *Surrogacy Act 2019* revoking an order under section 18 on the grounds that:      * 1. The original order was obtained by fraud, duress or other improper means; and/or * 2. A consent relied on for the making of the original order was not an effective consent because it was obtained by fraud, duress or inducement; and/or * 3. There are exceptional reasons why the original order should be discharged.   This Application is made on the grounds set out in the accompanying affidavit sworn by  [*full name*] on the day of 20 . |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing in accordance with legislation and the Rules of Court.   * It is intended to serve this application on all other parties. * It is not intended to serve this application on the following parties: [*list names*]   because [*reasons*] |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this application is a:   * Supporting Affidavit (required) * If other additional document(s) please list them below: |

**Form S3 Application for Leave to Intervene**

Form S3

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**APPLICATION FOR LEAVE TO INTERVENE**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Intervener/Applicant

**Only displayed if applicable**

Second Intervener/Applicant

First Parent

**Only displayed if applicable**

Second Parent

Birth Mother

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the First Intervener/Applicant** | | | | |
| Intervener/Applicant | **Full name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Intervener/Applicant** | | | | |
| Intervener/Applicant | **Full name** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

**Only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Second Intervener/Applicant** | | | | |
| Intervener/Applicant | **Full name** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Mother** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Parent** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

**Only display if applicable.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Second Parent** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |
| --- | --- |
| **Child** | |
| Name | **Full Name (as at time of Application)** |
| Date of Birth | **Date of Birth** |
| Gender | [ ] Female  [ ] Male  [ ] Indeterminate  **Mark appropriate section with an ‘x’** |
| Place of Birth | **Place of birth** |

|  |
| --- |
| **Application Details**  The Intervener is applying for leave to intervene in an application under section 19 of the *Surrogacy Act 2019* on following grounds **(Section 19(4) of the Surrogacy Act 2019)**:  **Please list grounds below in separately numbered paragraphs:**  This Application is made on the grounds set out in the accompanying affidavit sworn by  [*full name*] on the day of 20 . |

|  |
| --- |
| **Service on the other parties**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing, in accordance with legislation and the Rules of Court.   * It is intended to serve this application on all other parties. * It is not intended to serve this application on the following parties: [*list names*]   because [*reasons*] |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this application is a:   * Supporting Affidavit (required) * If other additional document(s) please list them below: |

**Form S4 Response to Application to Revoke Order**

Form S4

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**RESPONSE TO APPLICATION TO REVOKE ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Parent

**Only displayed if applicable**

Second Parent

Birth Mother

First Intervener/Applicant

**Only displayed if applicable**

Second Intervener/Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*party title*]** | | | | |
| Name | **Full name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Parent** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

**Only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Second Parent** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |
| --- | --- |
| **Child** | |
| Name | **Full Name (as at time of Application)** |
| Date of Birth | **Date of Birth** |
| Gender | [ ] Female  [ ] Male  [ ] Indeterminate  **Mark appropriate section with an ‘x’** |
| Place of Birth | **Place of birth** |

**Duplicate panel if multiple children**

|  |
| --- |
| **Response Details**  This Response is in relation to an Application to Revoke an Order under section 19 of the *Surrogacy Act 2019*.  The details of the Response are as follows:  **List details in separately numbered paragraphs.**  The abovenamed party seeks the following orders:  **List orders sought in separately numbered paragraphs.**  This Application is made on the grounds set out in the accompanying affidavit sworn by  [*full name*] on the day of 20 . |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing in accordance with legislation and the Rules of Court.   * It is intended to serve this application on all other parties. * It is not intended to serve this application on the following parties: [*list names*]   because [*reasons*] |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this application is a:   * Supporting Affidavit (required) * If other additional document(s) please list them below: |

**Form S5 Interlocutory Application**

Form S5

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**INTERLOCUTORY APPLICATION**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Intended Parent / First Parent

**Only displayed if applicable**

Second Intended Parent / Second Parent

Surrogate Mother

**Only displayed if applicable**

First Intervener/Applicant

**Only displayed if applicable**

Second Intervener/Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |
| --- |
| **Application Details**  This Application is for  **Nature of application in one sentence**  **If applicable**  This Application is made under  **Act and section or other particular provision**  The abovenamed party seeks the following orders:  **Orders sought in separately numbered paragraphs.**  1.  This Application is made on the grounds set out in the accompanying affidavit sworn by  [*full name*] on [*date*] **.**    **If applicable**  This application is by consent. The consent of the [*party title*] [*name*] is evidenced by [*set out evidence – eg letter or email from party’s solicitor*]. |

|  |
| --- |
| **To the other parties: WARNING**  The Applicant has applied for orders set out in this Application.  The facts that support this Application are set out in the accompanying documentation.  This Application will be considered at the hearing at the date and time set out at the top of this document.  If you wish to oppose the application, or make submissions about it:   * you **must** **attend the hearing** and * **you may be required to file a** **Response** at a later stage**.**   If you do not attend the Court hearing, orders may be made without further warning. |

|  |
| --- |
| **Service**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing, in accordance with legislation and the Rules of Court.   * It is intended to serve this application on all other parties. * It is not intended to serve this application on the following parties: [*list names*]   because [*reasons*] |

|  |
| --- |
| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this application is a:   * Supporting Affidavit (required) * If other additional document(s) please list them below: |

**Form S6 Affidavit**

Form S6

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**AFFIDAVIT**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Intended Parent/First Parent

**Only displayed if applicable**

Second Intended Parent/Second Parent

Surrogate Mother

**Only displayed if applicable**

First Intervener/Applicant

**Only displayed if applicable**

Second Intervener/Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **Solicitor** | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |
| Email Address  **Optional** | **Email address** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deponent Details** | | | | |
| Deponent | **Full Name** | | | |
| Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Occupation | **Occupation** | | | |
| Email Address  **Optional** | **Email address** | | | |

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| --- |
| **Affidavit**  **Mark appropriate section below with an ‘x’**  I [*full name, address and occupation of deponent*]  [ ] SWEAR ON OATH / [ ] DO TRULY AND SOLEMNLY AFFIRM THAT:  **Set out text in separate numbered paragraphs**  **If the affidavit relates to an application, identify the application and state the material facts relevant to the application.**  1.  Sworn/Affirmed **Delete whichever is inapplicable**  By the abovenamed deponent  at [*place*]  on [*date*]  …………………………………………  Signature of deponent  before me ………………………………………………  Signature and title of attesting witness    ……………………………….  Printed name and title of witness **Stamp here if applicable**  ……………………………………..  ID number of witness  **If applicable** |

|  |
| --- |
| **Instructions**   * Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2. Please attach additional pages to the affidavit as necessary. * The affidavit should be confined to facts and should not include submissions. * The affidavit should not reproduce material already contained in affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found. * An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit. * A single ‘front page’ must be inserted in front of the exhibits. * Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness. * An affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place. * The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits (‘the witness’). Persons authorised to witness an affidavit are:  1. a Registrar or Deputy Registrar 2. any other officer of the Court whom the Registrar has assigned for this purpose;   (c) a public notary;  (d) a commissioner for taking affidavits;  (e) a justice of the peace for South Australia;  (f) any other person authorised by law to take affidavits.   * The contents of an affidavit cannot be altered after the affidavit has been sworn or affirmed. * The party serving an affidavit must serve copies of all exhibits with the affidavit. |

|  |
| --- |
| **Service on the other parties**  **Mark appropriate section below with an ‘x’**  The party filing this document is required to serve it on all other parties at least 5 business days before the first hearing, in accordance with legislation and the Rules of Court.   * It is intended to serve this application on all other parties. * It is not intended to serve this application on the following parties: [*list names*]   because [*reasons*] |

**Form S7 Order**

Form S7

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name[s] of child[ren*]]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Intended Parent / First Parent

**Only displayed if applicable**

Second Intended Parent / Second Parent

Surrogate Mother

**Only displayed if applicable**

First Intervener

**Only displayed if applicable**

Second Intervener

|  |
| --- |
| **Introduction**  **Hearing**  [*Hearing date*]  [*Presiding Officer*]  **Appearances**  **Displayed as applicable**  [*First Intended Parent Appearance Information*]  [*Second Intended Parent Appearance Information*]  [*Surrogate Mother Appearance Information*]  [*Other Party Appearance Information*]  **Date of Order**: |

**Next box only displayed if originating process is application for an order under section 18 of the *Surrogacy Act 2019.***

**Next box only displayed if one or more recitals are entered**

|  |
| --- |
| **Recitals**  The Court is satisfied that:  **Order granted**  [ ] Making the order is in the best interests of the child.  [ ] The abovenamed Intended Parent/Parents is a/are fit and proper person/people to assume   the role of parent to the child/children.  [ ] The Intended Parent’s/Parents’ consent has been lawfully obtained.  [ ] The abovenamed Surrogate Mother’s consent has been lawfully obtained.  [ ] The requirements of a lawful surrogacy agreement as provided for under section 10 of the *Surrogacy Act   2019* have been complied with.  [ ] A declaration of the relationship between the child and the Intended Parent/Parents, and the child and the   Surrogate Mother, is to be made.  [ ] An order declaring the name of the child is to be made. |

**Next box only displayed if application to dispense with Surrogate Mother’s consent is granted.**

|  |
| --- |
| **Recitals**  The Court is satisfied that:  [ ] It is appropriate to make an order dispensing with the consent of the Surrogate Mother. |

**Next box only displayed if application to order excusing failure to comply with requirement under Part 3 is made:**

|  |
| --- |
| **Recitals**  The Court is satisfied that:  [ ] It is appropriate to excuse the failure to comply with a requirement under Part 3 of the *Surrogacy Act 2019*.   **Section 18(7) of the *Surrogacy Act 2019*.** |

**Next box only displayed if an order if favour of one intended parent is made.**

|  |
| --- |
| **Recitals**  The Court is satisfied that:  [ ] It is appropriate to make an order in favour of one Intended Parent under section 18(9) of the *Surrogacy Act   2019*. |

**Next box only displayed if another order is made:**

|  |
| --- |
| **Recitals**  The Court is satisfied that:  [ ] It is appropriate to dismiss the application.  [ ] It is appropriate to grant leave for the application to be withdrawn.  [ ] [*Any consequential or ancillary orders to be made as the Court considers appropriate].* |

**Next box only displayed if originating process is application for an order under section 18 of the *Surrogacy Act 2019.***

|  |
| --- |
| **Order:**  The Court orders that:  **Order granted**  [ ] The relationship between the child [*name*] and [*name of Intended Parent/Intended Parents*] is to be treated   as that of child and parent.  [ ] The relationship between the child [*name*] and [*name of Surrogate Mother*] is no longer to be treated   as that of child and parent.  [ ] All other relationships of the child are to be defined as per the orders above.  [ ] The child shall be named:   SURNAME: (*name*)  FIRST (AND SECOND) NAMES: (*name/s*)  [ ] The Registrar is to give notice of this Order in the prescribed form to the Registrar of Births, Deaths and   Marriages. |

**Next box only displayed if application to dispense with Surrogate Mother’s consent is granted.**

|  |
| --- |
| **Order:**  The Court:  [ ] The Court is satisfied that either:    [ ] Reasonable efforts have been made to give notice of the application to each intended parent under   the relevant lawful surrogacy agreement, or  [ ] Reasonable efforts have been made to give notice of the application to each intended parent under   the relevant lawful surrogacy agreement and the child (as the Court orders is appropriate).  [ ] Makes an order dispensing with the consent of the Surrogate Mother on the following grounds: |

**Next box only displayed if application to order excusing failure to comply with requirement under Part 3 is made:**

|  |
| --- |
| **Order:**  The Court:  [ ] Excuses the failure to comply with a requirement under Part 3 of the *Surrogacy Act 2019* on the following   grounds: |

**Next box only displayed if an order if favour of one intended parent is made.**

|  |
| --- |
| **Order:**  The Court:  [ ] Makes an order in favour of one Applicant Intended Parent on the basis that:  [ ] The Other Intended Parent consents to the making of an order in favour of the Applicant Intended   Parent.  [ ] The Applicant Intended Parent cannot, after making reasonable inquiries, contact the Other   Intended Parent to obtain their consent to the making of an order.  [ ] Relevant circumstances exist as prescribed by the regulations. |

**Next box only displayed if another order is made:**

|  |
| --- |
| **Order:**  The Court orders that:  [ ] The application is dismissed on the following ground/s:  [ ] Leave is granted for the application to be withdrawn.  [ ] [*Details of any consequential or ancillary orders to be made as the Court considers appropriate*] |

|  |
| --- |
| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **If outcome is interim order**  [ ] The period between service upon the [*party title*] [*name*] and the hearing of the application is reduced to  [*number of days*] days.  **If outcome is interim order**  [ ] Service upon the [*party title*] [*name*] is dispensed with.  [ ] That the child be separately represented in proceedings.  [ ] [*Other*] **Orders in separately numbered paragraphs** |

**The following only displayed if order to revoke granted:**

|  |
| --- |
| **Recitals**  The Court is satisfied that:  **Order to revoke granted**  [ ] The original order was obtained by fraud, duress or other improper means.  **Order to revoke granted**  [ ] A consent relied on for the making of the original order was not an effective consent because it was   obtained by fraud, duress or inducement.  **Order to revoke granted**  [ ] There are exceptional reasons why the original order should be discharged. |

**The following only displayed if order to revoke dismissed:**

|  |
| --- |
| **Recitals**  [ ] The Court declines to make an order to revoke an order made under section 18 of the *Surrogacy Act 2019*. |

|  |
| --- |
| **Order:**  [ ] The Court is not satisfied that an order to revoke an order made under section 18 of the *Surrogacy Act   2019* is appropriate because: |

|  |
| --- |
| **Court use only**  …………………………………………  Signature of Judicial Officer |

**Form S8 Notice to Births, Deaths and Marriages**

Form S8

|  |  |
| --- | --- |
| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |

**NOTICE TO BIRTHS, DEATHS AND MARRIAGES OF [*AN ORDER AS TO PARENTS OF A CHILD BORN UNDER A SURROGACY AGREEMENT/AN ORDER REVOKING AN ORDER AS TO PARENTS OF A CHILD BORN UNDER A SURROGACY AGREEMENT*]**

YOUTHCOURT OF SOUTH AUSTRALIA

SURROGACY JURISDICTION

IN THE MATTER OF [*name of child*]

**Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.**

First Intended Parent

**Only displayed if applicable**

Second Intended Parent

Birth Mother

**Only displayed if applicable**

First Intervener

**Only displayed if applicable**

Second Intervener

|  |
| --- |
| **TO THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES**  TAKE NOTICE that on [*date*] in the Youth Court of South Australia sitting at Adelaide [*an order as to parents of a child born under a lawful surrogacy agreement/an order revoking an order as to parents of a lawful surrogacy agreement dated [date]*] was made in respect of the parties referred to below.  A copy of the [*order as to parents of a child born under a lawful surrogacy agreement / order revoking an order as to parents of a lawful surrogacy agreement*] is attached to this notice.  AND TAKE NOTICE that it was further ordered that the name by which the child is to be known is [*name*]. |

|  |  |
| --- | --- |
| **Child** | |
| Name | **Full Name** |
| Date of Birth | **Date of Birth** |
| Place of Birth | **Place** |

|  |  |
| --- | --- |
| **Particulars of First Intended Parent** | |
| Name | **Full Name** |
| **Previous Full Name (if applicable)** |
| Birth Details | **Date of Birth** |
| **Place** |
| Occupation | **Occupation** |
| Residential Address | **Street Address (including unit or level number and name of property if required),** **City/town/suburb**, **State Postcode** |

|  |  |
| --- | --- |
| **Particulars of Second Intended Parent** | |
| Name | **Full Name** |
| **Previous Full Name (if applicable)** |
| Birth Details | **Date of Birth** |
| **Place** |
| Occupation | **Occupation** |
| Residential Address | **Street Address (including unit or level number and name of property if required),** **City/town/suburb**, **State Postcode** |

|  |  |
| --- | --- |
| **Birth Mother** | |
| Name | **Full Name** |
| **Previous Full Name (if applicable)** |
| Occupation | **Occupation** |
| Residential Address | **Street Address (including unit or level number and name of property if required),** **City/town/suburb**, **State Postcode** |

|  |
| --- |
| **Required details:**   1. Date of Order: 2. Previous name of child (if applicable): 3. Current name of child after the order is to become effective: 4. Terms of any consequential or ancillary orders:   4.1)  4.2)  4.3)   1. Identity of the donor of any human reproductive material used in relation to the relevant lawful surrogacy agreement and resulting in the birth of the child (if known): **(N/A if the donor of the human reproductive material is the Surrogate Mother or an Intended Parent).**  * N/A. * Known – The identity of the donor is [*identity of donor*]. * Unknown.  1. Any other relevant information required by the Registrar of Births, Deaths and Marriages: |

|  |
| --- |
| **Court use only**  …………………………………………  Registrar Signature |

Made by the Judge and the Magistrates who are members of the principal judiciary of the Youth Court of South Australia on this 24th day of August 2020.

**Judge P. ELDRIDGE**

**Magistrate L. DAVIS**

**Magistrate D. WHITE**

**Magistrate O. KOEHN**