**South Australia**

**Youth Court (Adoption) Rules 2018**

**SCHEDULE 1**—**FORMS**

**Schedule 1—Forms dated 8 May 2020:**

**1. come into effect by Amendment No. 1 (Government Gazette 14 May 2020, p. 1280)**

**2. come into operation on 18 May 2020**

**3. relate to the Youth Court (Adoption) Rules 2018, that came into operation on 15 December 2018 (South Australian Government Gazette, 6 December 2018, p. 4179).**

**Schedule 1 – Forms**

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**Form A1 Originating Application – Adoption Order**

Form A1

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

**ORIGINATING APPLICATION FOR AN ADOPTION ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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.**

Applicant 1/First Adoptive Parent

Applicant 2/Second Adoptive Parent

Respondent 1/Birth Mother

Respondent 2/Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the Adoptive Parent[*s*]** | | | | |
| First Adoptive Parent | **Full Name** | | | |
| Second Adoptive Parent  **Only displayed if applicable** | **Full Name** | | | |
| Name of law firm / 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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of First Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify* *date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |

**Only display if applicable**

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| --- | --- | --- | --- | --- |
| **Particulars of Second Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify* *date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Father** | | | | |
| 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** | | | |

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| --- | --- | --- | --- | --- |
| **Child** | | | | |
| Name | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Place of Birth | **Place of birth** | | | |
| Is the child an Aboriginal or Torres Strait Islander? | [ ] Yes  [ ] No  **Mark appropriate section with an ‘x’** | | | |
| Address  **Only applicable if child is aged 18 or over** | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details  **Only applicable if child is aged 18 or over** | **Type - Number** | | | |

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter Type:  This Application is for an adoption order.  This Application is made under section 8 of the Adoption Act 1988.  The Adoptive Parent[*s*] seek[*s*] the following orders:  [ ] 1. That pursuant to section 8(1) of the Adoption Act 1988 the Child be adopted by the Adoptive Parent[*s*].  [ ] 2. That pursuant to section 23(1) of the Adoption Act 1988 the Child be known by the following name:  SURNAME: [*name*]  OTHER NAMES: [*name*]  [ ] 3. [*any other 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 . |

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| **To the other parties: WARNING**  The Applicant has applied for orders set out in this Application.  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. |

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| **Pre-Action Steps**  **Mark appropriate section below with an ‘x’**  Has the Court made an order recognising the validity of, or dispensing with, the consent of a party?  [ ] Yes  [ ] No |

|  |
| --- |
| **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*] |

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| **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 A2 – Application to Discharge an Adoption Order**

Form A2

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

**APPLICATION TO DISCHARGE AN ADOPTION ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by a solicitor on behalf of the [*party title*]** | | | | |
| Applicant | **Full Name** | | | |
| Party Title  **Selected applicant title not to appear again below** | [ ] Child  [ ] Adoptive Parent  [ ] Birth Mother  [ ] Birth Father  [ ] Chief Executive  **Mark appropriate section with an ‘x’** | | | |
| Name of law firm / solicitor | **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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party Title*]** | | | | |
| Applicant | **Full Name** | | | |
| Party Title  **Selected applicant title not to appear again below** | [ ] Child  [ ] Adoptive Parent  [ ] Birth Mother  [ ] Birth Father  [ ] Chief Executive  **Mark appropriate section with an ‘x’** | | | |
| 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** | | | |

**Next item not displayed if applicant title is adoptive parent and there is only one adoptive parent**

|  |  |
| --- | --- |
| **First Adoptive Parent** | |
| Name | **Full Name** |
| Email Address | **Email address** |
| Phone Details | **Type - Number** |

**Next item not displayed if applicant title is adoptive parent or there is only one adoptive parent**

|  |  |
| --- | --- |
| **Second Adoptive Parent** | |
| Name | **Full Name** |
| Email Address | **Email address** |
| Phone Details | **Type - Number** |

**Next item not displayed if applicant title is Birth Mother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Mother** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| 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** | | | |

**Next item not displayed if applicant title is Birth Father**

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| --- | --- | --- | --- | --- |
| **Birth Father** | | | | |
| 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** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

**Next item not displayed if applicant title is Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | | | | |
| Name | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Place of Birth | **Hospital (if known), suburb and State/Country of birth** | | | |
| Is the person an Aboriginal or Torres Strait Islander? | [ ] Yes  [ ] No  **Mark appropriate section with an ‘x’** | | | |
| Address  **Only applicable if child is aged 18 or over** | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details  **Only applicable if child is aged 18 or over** | **Type - Number** | | | |

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| --- | --- | --- | --- | --- |
| **Particulars of First Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |

**Only display if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of Second Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify* *date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  This Application is for an order to discharge an adoption order made on [*date*].  This Application is made under section 14(1) of the Adoption Act 1988.  The Applicant seeks the following orders:  [ ] 1. that pursuant to section 14(1) of the Adoption Act 1988 the Court discharge the adoption order made on [*date*].  [ ] *2.* [*any other orders sought in separately numbered paragraphs*]  This Application is made on the grounds  [ ] that the adoption order or a consent for the purposes of the adoption order  was obtained by fraud, duress or other improper means.  [ ] that it is in the best interests of the child, taking into account the rights and welfare of the adopted person, for the discharge order to be made.  The particulars of the factual allegations for the above grounds are set out in the accompanying affidavit sworn  by [*full name*] on the day of 20 . |

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| **To the other parties: WARNING**  The above named party 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. |

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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 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*] |

|  |
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| **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 them below: |

**Form A3 Originating Application – Recognition of an Adoption Order Made Outside Australia**

Form A3

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

**ORIGINATING APPLICATION FOR RECOGNITION OF ADOPTION ORDER MADE OUTSIDE AUSTRALIA**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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.**

Applicant 1/First Adoptive Parent

**Only displayed if applicable**

Applicant 2/Second Adoptive Parent

Respondent 1/Birth Mother

Respondent 2/Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by a solicitor on behalf of the [*party title*]** | | | | |
| Applicant | **Full Name** | | | |
| Party Title  **Selected applicant role not to appear again below** | [ ] Child  [ ] Adoptive Parent  [ ] Birth Mother  [ ] Birth Father  [ ] Chief Executive  **Mark appropriate section with an ‘x’** | | | |
| Name of law firm / solicitor | **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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party Title*]** | | | | |
| Applicant | **Full Name** | | | |
| Party Title  **Selected applicant title not to appear again below** | [ ] Child  [ ] Adoptive Parent  [ ] Birth Mother  [ ] Birth Father  [ ] Chief Executive  **Mark appropriate section with an ‘x’** | | | |
| 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** | | | |

**Next item not displayed if applicant title is adoptive parent and there is only one adoptive parent**

|  |  |
| --- | --- |
| **First Adoptive Parent** | |
| Name | **Full Name** |
| Email Address | **Email address** |
| Phone Details | **Type - Number** |

**Next item not displayed if applicant title is adoptive parent or there is only one adoptive parent**

|  |  |
| --- | --- |
| **Second Adoptive Parent** | |
| Name | **Full Name** |
| Email Address | **Email address** |
| Phone Details | **Type - Number** |

**Next item not displayed if applicant title is Birth Mother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Mother** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| 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** | | | |

**Next item not displayed if applicant title is Birth Father**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Father** | | | | |
| 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** |
| **Email address** | | | |
| Phone Details | **Type - Number** | | | |

**Next item not displayed if applicant title is Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | | | | |
| Name | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Place of Birth | **Hospital (if known), suburb and State/Country of birth** | | | |
| Is the person an Aboriginal or Torres Strait Islander? | [ ] Yes  [ ] No  **Mark appropriate section with an ‘x’** | | | |
| Address  **Only applicable if child is aged 18 or over** | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details  **Only applicable if child is aged 18 or over** | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of First Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |

**Only display if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of Second Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| Occupation | **Occupation** | | | |
| Residential Address | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter Type:  This Application is for an order declaring that an adoption order made under the law of a country outside Australia [*is/is not*] to be recognised under the law of the State.  This Application is made under section 21(2) of the Adoption Act 1988.  The Applicant seeks the following orders:  [ ] 1. that pursuant to section 21(2) of the Adoption Act 1988 the adoption order made on [*date*] under the law of [*country*] [*is/is not*] to be recognised under the law of the State.  [ ] 2. [*any other 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 . |

|  |
| --- |
| **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 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 them below: |

**Form A4 Interlocutory Application**

Form A4

|  |  |  |
| --- | --- | --- |
| **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

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of law firm / 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** | | | |

|  |
| --- |
| **Application Details**  This Application is for  **Nature of application in one sentence**  This Application is made under  **Act and section or other particular provision**  The above named 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 the day of 20 .  **If applicable**  This application is urgent on the grounds set out in the accompanying affidavit sworn  by [*full name*] on the day of 20 .  **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 above named party has applied for orders set out in this Application based on the facts set out in the accompanying affidavit.  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. |

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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 clear business days prior to the next 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*] |

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| **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 A5 Affidavit**

Form A5

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

**AFFIDAVIT**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of law firm / 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** | | | |

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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 in form 14. * 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. |

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| **Service on the birth parents(s) and the child:**  **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 A6 Response**

Form A6

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

**RESPONSE** **BY [PARTY TITLE AND NAME]**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of law firm / 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** | | | |

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| **Response Details**  This Response is in relation to an Application for  **Nature of application in one sentence.**  The details of the Response are as follows:  The abovenamed party seeks the following orders:  **Orders sought in separately numbered paragraphs.**  1. |

|  |
| --- |
| **Service on the birth parents(s) and the child:**  **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*] |

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

**Form A7 Application to Dispense with or Recognise the Validity of Consent**

Form A7

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

**APPLICATION TO DISPENSE WITH OR RECOGNISE THE VALIDITY OF CONSENT**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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.**

Chief Executive of the Department for Child Protection

[*Party Title*]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the Applicant** | | | | |
| Applicant | **Full Name** | | | |
| Applicant Title | Chief Executive of the Department for Child Protection | | | |
| Name of law firm / 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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[*Party Title*]** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| 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** | | | |

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

|  |
| --- |
| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter type:  This Application is for an order  [ ] dispensing with consent  [ ] recognising the validity of consent.  This Application is made under section 19(1) of the Adoption Act 1988.  The Applicant seeks the following orders:  [ ] that the consent of the [*party title*] be dispensed with.  [ ] that the consent of the [*party title*] be recognised as valid.  [ ] [*any other 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 . |

|  |
| --- |
| **To the other parties: WARNING**  The Applicant has applied for orders set out in this Application.  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. |

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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 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*] |

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| --- |
| **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 them below: |

**Form A8 Application for an Order of the Court**

Form A8

|  |  |  |
| --- | --- | --- |
| **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

ADOPTION 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 Adoptive Parent

**Only display if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party Title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Party Title | [ ] Child  [ ] Adoptive Parent  [ ] Birth Mother  [ ] Birth Father  [ ] Chief Executive  **Mark appropriate section with an ‘x’** | | | |
| Name of law firm / 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** | | | |

**Next item only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Adoptive Parent** | | | | |
| 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** | | | |

**Next item only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Second Adoptive Parent** | | | | |
| 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** | | | |

**Next item only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Mother** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| 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** | | | |

**Next item only displayed if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Father** | | | | |
| Name | **Full Name** | | | |
| **Any other previous names (if applicable)** | | | |
| 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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | | | | |
| Name | **Full Name** | | | |
| Date of Birth | **Date of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Place of Birth | **Hospital (if known), suburb, State/Country** | | | |
| Is the person an Aboriginal or Torres Strait Islander? | [ ] Yes  [ ] No  **Mark appropriate section with an ‘x’** | | | |
| Address for Service  **Only applicable if child is aged 18 or over** | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** | | | |
| Phone Details  **Only applicable if child is aged 18 or over** | **Type - Number** | | | |

**Next item only displayed if First Adoptive Parent details completed above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of First Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify* *date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| 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** | | | |

**Next item only displayed if Second Adoptive Parent details completed above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of Second Adoptive Parent** | | | | |
| Name | **Full Name** | | | |
| **Maiden Name (if applicable)** | | | |
| **Any other previous names (if applicable)** | | | |
| Birth Details | **Date of Birth** | | | |
| **Place of Birth** | | | |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** | | | |
| Date of present marriage/qualifying relationship | [ ] Marriage  [ ] Qualifying relationship  [*specify date of commencement*]  **Mark appropriate section with an ‘x’** | | | |
| 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** | | | |

|  |
| --- |
| **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 above named 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 them below: |

**Form A9 Affidavit of Service**

Form A9

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

**AFFIDAVIT OF SERVICE**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the [*Party title*]** | | | | |
| **Party Role** | **Full Name** | | | |
| Name of law firm / 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 in form 14. * 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 birth parents(s) and the child:**  **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 A10 Order**

Form A10

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

**ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION JURISDICTION

IN THE MATTER OF [*name of adoptive/adopted person*]

**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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

Adoptive/Adopted Person

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |
| --- |
| **Introduction**  **Hearing**  [*Hearing date*]  [*Presiding Officer*]  **Appearances**  [*First Adoptive Parent Appearance Information*]  **Only displayed if applicable**  [*Second Adoptive Parent Appearance Information*]  [*Birth Mother Appearance Information*]  [*Birth Father Appearance Information*]  [*Adoptive/Adopted Person Appearance Information*]  **Only displayed if applicable**  [*Chief Executive Appearance Information*]  **Only displayed if applicable**  [*Other party title’s Appearance Information*]  **Date of Order**: |

**Next box only displayed if originating process is application for adoption order**

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

|  |
| --- |
| **Recitals**  The Court is satisfied that:  **Adoption order granted**  [ ] there has been due and proper compliance with the requirements of the Act and that it is in the best interests of the adoptive person that an order be made  **Adoption order not granted**  [ ] there has been due and proper compliance with the requirements of the Act but  that it is not in the best interests of the adoptive person that an order be made  **Adoption order not granted**  [ ] there has not been due and proper compliance with the requirements of the Act  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application to discharge an adoption order**

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

|  |
| --- |
| **Recitals**  The Court is satisfied that:  **Discharge order granted**  [ ] the adoption order or consent for the purposes of the adoption order was obtained by fraud, duress or other improper means  **Discharge order granted**  [ ] it is in the best interests of the adoptive person, taking into account the rights and welfare of the adoptive person, for the discharge order to be made  **Discharge order not granted**  [ ] the grounds of the Application to Discharge an Adoption Order have not been made out  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application for recognition of an adoption order made outside Australia**

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

|  |
| --- |
| **Recitals**  The Court is satisfied that:  **Recognition order granted**  [ ] a) the Adoption Order was made in accordance with the law of that country; and  b) when the Adoption Order was made, each applicant was domiciled in that country or had been resident in that country for at least 12 months; and  c) The circumstances in which the order was made would, if they had existed in this State, have constituted a sufficient basis for making an adoption order under this Act; and  d) The proceedings in which the order was made involved no denial of natural justice or failure to observe the requirements of substantial justice  **Recognition order not granted**  [ ] the grounds of the Application to Recognise an Adoption Order made outside Australia have not been made out  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application to dispense with, or recognise the validity of consent**

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

|  |
| --- |
| **Recitals**  The Court is satisfied that:  **Order granted to dispense with consent**  [ ] the person cannot, after reasonable inquiry, be found or identified  **Order granted to dispense with consent**  [ ] the person is in such a physical or mental condition as not to be capable of properly considering the question of consent  **Order granted to dispense with consent**  [ ] the person has abandoned, deserted or persistently neglected or ill-treated the child  **Order granted to dispense with consent**  [ ] there are circumstances by reason of which the consent may properly be dispensed with  **Order granted recognising consent**  [ ] the person has given valid consent to the adoption  **Dispensation/recognition order not granted**  [ ] the grounds of the Application to Dispense with, or Recognise the Validity of Consent have not been made out  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application to revoke an order dispensing with or recognising the validity of consent, application for interlocutory orders, application for costs or other**

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

|  |
| --- |
| **Recitals**  The Court is satisfied that:  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application for adoption order**

|  |
| --- |
| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application for an Adoption Order is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application for an Adoption Order to be withdrawn.  **If application is granted**  [ ] That the adoptive person be adopted by the applicant[*s*].  **If application is granted**  [ ] That the name by which the adoptive person is to be known is [*name*].  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application to discharge an adoption order**

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| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application to Discharge an Adoption Order is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application to Discharge an Adoption Order  to be withdrawn.  **If application is granted**  [ ] That the adoption order dated [*date*] be discharged.  **If application is granted**  [ ] That the name by which the adoptive person is to be known is [*name*].  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application for recognition of an adoption order made outside Australia**

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| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application for Recognition of an Adoption Order Made Outside Australia is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application for Recognition of an Adoption Order Made Outside Australia to be withdrawn.  **If application is granted**  [ ] That the adoption order dated [*date*] and made outside Australia is to be recognised under the law of the State of South Australia.  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application to dispense with or recognise the validity of consent**

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| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application to Dispense with or Recognise the Validity of Consent  is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application to Dispense with or Recognise the Validity of Consent to be withdrawn.  **If application is granted**  [ ] That the consent of the [*party title*] is dispensed with.  **If application is granted**  [ ] That the consent given by the [*party title*] on [*date*] is recognised.  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application to revoke an order dispensing with or recognising the validity of consent, application for interlocutory orders, application for costs or other**

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| **Order**  It is ordered  **Orders in separately numbered paragraphs.**  1. |

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

**Form A11 Notice to Births, Deaths and Marriages**

Form A11

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

**NOTICE TO BIRTHS, DEATHS AND MARRIAGES OF ADOPTION ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

Child

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |  |
| --- | --- |
| **TO THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES**  TAKE NOTICE that on [*date*] in the Youth Court of South Australia sitting at Adelaide [*an Adoption order / an order to Discharge an Adoption Order dated [date] / an order Recognising an Adoption Order dated [date]*] was made in respect of the person and the applicant[*s*] referred to below.  A copy of the [*Adoption Order/Discharge Order/Recognition of an Adoption Order*] is attached to this notice.  **Next item only displayed where an order has been made as to child’s to be known as’ name. Not displayed for Recognition of an Adoption Order.**  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** |
| Gender | [ ] Female  [ ] Male  [ ] Non-Binary  [ ] Indeterminate/intersex/unspecified  **Mark appropriate section with an ‘x’** |
| Place of Birth | **Place** |
| Birth Mother | **Full Name** |
| **Previous Full Name (if applicable)** |
| Birth Father | **Full Name** |
| **Previous Full Name (if applicable)** |

**Next item only displayed for Adoption Order**

|  |  |
| --- | --- |
| **Particulars of Adoptive Parent 1** | |
| Name | **Full Name** |
| **Maiden Name (if applicable)** |
| **Previous Full Name (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** |

**Next item only displayed for Adoption Order - if applicable**

|  |  |
| --- | --- |
| **Particulars of Adoptive Parent 2** | |
| Name | **Full Name** |
| **Maiden Name (if applicable)** |
| **Previous Full Name (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** |

**Form A81 Record of Outcome**

Form A81

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

**RECORD OF OUTCOME – ORDER**

YOUTHCOURT OF SOUTH AUSTRALIA

ADOPTION 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 Adoptive Parent

**Only displayed if applicable**

Second Adoptive Parent

Birth Mother

Birth Father

Adoptive/Adopted Person

**Only displayed if applicable**

Chief Executive

**Only displayed if applicable**

First Interested Party

|  |
| --- |
| **Introduction**  **Hearing**  Hearing Location: [*suburb*]  [*Hearing date*]  Hearing type:  [*Presiding Officer*]  **Appearances**  [*First Adoptive Parent Appearance Information*]  **Only displayed if applicable**  [*Second Adoptive Parent Appearance Information*]  [*Birth Mother Appearance Information*]  [*Birth Father Appearance Information*]  [*Adoptive/Adopted Person Appearance Information*]  **Only displayed if applicable**  [*Chief Executive Appearance Information*]  **Only displayed if applicable**  [*Other party title’s Appearance Information*]  **Recitals**  **Date of Order**:  **Administrative Notes** |

**Next box only displayed if originating process is application for adoption order**

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

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| **Recitals**  The Court is satisfied that:  **Adoption order granted**  [ ] there has been due and proper compliance with the requirements of the Act and that it is in the best interests of the adoptive person that an order be made  **Adoption order not granted**  [ ] there has been due and proper compliance with the requirements of the Act but that it is not in the best interests of the adoptive person that an order be made  **Adoption order not granted**  [ ] there has not been due and proper compliance with the requirements of the Act  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application to discharge an adoption order**

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

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| **Recitals**  The Court is satisfied that:  **Discharge order granted**  [ ] the adoption order or consent for the purposes of the adoption order was obtained by fraud, duress or other improper means  **Discharge order granted**  [ ] it is in the best interests of the adoptive person, taking into account the rights and welfare of the adoptive person, for the discharge order to be made  **Discharge order not granted**  [ ] the grounds of the Application to Discharge an Adoption Order have not been made out  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application for recognition of an adoption order made outside Australia**

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

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| **Recitals**  The Court is satisfied that:  **Recognition order granted**  [ ] a) the Adoption Order was made in accordance with the law of that country; and  b) when the Adoption Order was made, each applicant was domiciled in that country or had been resident in that country for at least 12 months; and  c) The circumstances in which the order was made would, if they had existed in this State, have constituted a sufficient basis for making an adoption order under this Act; and  d) The proceedings in which the order was made involved no denial of natural justice or failure to observe the requirements of substantial justice  **Recognition order not granted**  [ ] the grounds of the Application to Recognise an Adoption Order made outside Australia have not been made out  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application to dispense with, or recognise the validity of consent**

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

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| **Recitals**  The Court is satisfied that:  **Order granted to dispense with consent**  [ ] the person cannot, after reasonable inquiry, be found or identified  **Order granted to dispense with consent**  [ ] the person is in such a physical or mental condition as not to be capable of properly considering the question of consent  **Order granted to dispense with consent**  [ ] the person has abandoned, deserted or persistently neglected or ill-treated the child  **Order granted to dispense with consent**  [ ] there are circumstances by reason of which the consent may properly be dispensed with  **Order granted recognising consent**  [ ] the person has given valid consent to the adoption  **Dispensation/recognition order not granted**  [ ] the grounds of the Application to Dispense with, or Recognise the Validity of Consent have not been made out  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application to revoke an order dispensing with or recognising the validity of consent, application for interlocutory orders, application for costs or other**

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

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| **Recitals**  The Court is satisfied that:  [ ] [*any other recitals to appear in order*] |

**Next box only displayed if originating process is application for adoption order**

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| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application for an Adoption Order is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application for an Adoption Order to be withdrawn.  **If application is granted**  [ ] That the adoptive person be adopted by the applicant[*s*].  **If application is granted**  [ ] That the name by which the adoptive person is to be known is [*name*].  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application to discharge an adoption order**

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| --- |
| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application to Discharge an Adoption Order is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application to Discharge an Adoption Order  to be withdrawn.  **If application is granted**  [ ] That the adoption order dated [*date*] be discharged.  **If application is granted**  [ ] That the name by which the adoptive person is to be known is [*name*].  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application for recognition of an adoption order made outside Australia**

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| --- |
| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application for Recognition of an Adoption Order Made Outside Australia is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application for Recognition of an Adoption Order Made Outside Australia to be withdrawn.  **If application is granted**  [ ] That the adoption order dated [*date*] and made outside Australia is to be recognised under the law of the State of South Australia.  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application to dispense with or recognise the validity of consent**

|  |
| --- |
| **Order**  It is ordered  **Mandatory if outcome is adjournment or interim order**  [ ] That the hearing of the application is adjourned until [*date*].  **Mandatory if application is dismissed**  [ ] That the Application to Dispense with or Recognise the Validity of Consent  is dismissed.  **Mandatory if application is withdrawn**  [ ] That leave is granted for the Application to Dispense with or Recognise the Validity of Consent to be withdrawn.  **If application is granted**  [ ] That the consent of the [*party title*] is dispensed with.  **If application is granted**  [ ] That the consent given by the [*party title*] on [*date*] is recognised.  **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.  [ ] Other [*orders in separately numbered paragraphs*] |

**Next box only displayed if originating process is application to revoke an order dispensing with or recognising the validity of consent, application for interlocutory orders, application for costs or other**

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| **Order**  It is ordered  **Orders in separately numbered paragraphs.**  1. |