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

Index of Forms

Form A1 Originating Application – Adoption Order	5
Form A2 – Application to Discharge an Adoption Order	11
Form A3 Originating Application – Recognition of an Adoption Order Made Outside Australia	18
Form A4 Interlocutory Application	25
Form A5 Affidavit	28
Form A6 Response	32
Form A7 Application to Dispense with or Recognise the Validity of Consent	35
Form A8 Application for an Order of the Court	38
Form A9 Affidavit of Service	45
Form A10 Order	49
Form A11 Notice to Births, Deaths and Marriages	55
Form A81 Record of Outcome	58

Form A1 Originating Application – Adoption Order Form A1

Form A1
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
YOUTH COURT 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

Only displayed if applicable Chief Executive

Respondent 2/Birth Father

Only displayed if applicable First Interested Party

Filed by the Adoptive Pare	nt[s]			
First Adoptive Parent				
	Full Name			
Second Adoptive Parent Only displayed if applicable	Foll Money			
Name of law firm / solicitor if	Full Name			
	Law Firm		Solicitor	
Address for service				
	Street Address (including unit or	level number and name of property	if required)	
	Chroning and Chronic C	line in a manual or property	. roquilou)	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details				
	Type - Number			
Particulars of First Adoptiv	ve Parent			
Name				
	Full Name			
	Maiden Name (if applicable)			
	Any other previous names (if appl	licable)		
Birth Details				
	Date of Birth			
	Date of Birth			
Gender	Place of Birth			
Gender	[] Female			
	[] Male			
	Non-Binary			
	[] Indeterminate/in	tersex/unspecified		

Mark appropriate section with an 'x'

Mark appropriate section with an 'x'

Occupation

City/town/suburb

] Qualifying relationship

Street Address (including unit or level number and name of property if required)

Postcode

Country

[specify date of commencement]

] Marriage

present

Date

relationship

Occupation

marriage/qualifying

Residential Address

Only display if applicable				
Particulars of Second Ado	ptive Parent			
Name				
	Full Name			
	ruii Name			
	Maiden Name (if applicable)			
Dieth Dataile	Any other previous names (if appl	icable)		
Birth Details				
	Date of Birth			
	Place of Birth			
Gender				
	[] Female			
	[] Male [] Non-Binary			
		tersex/unspecified		
		toroox anopositioa		
Date of present	Mark appropriate section with an '	x'		
marriage/qualifying	[] Marriage			
relationship	[] Qualifying relationship			
	[specify date of commencement]			
	[specify date of commen	ncement		
	Mark appropriate section with an 'x'			
Occupation				
	Occupation			
Residential Address				
	Street Address (including unit or level number and name of property if required)			
	Street Address (including unit of it	ever number and name or property	required)	
	City/town/suburb	State	Postcode	Country
D: 4 11 4				
Birth Mother	<u> </u>			
Name				
	Full Name			
0.11	Any other previous names (if app	licable)		
Address				
	Street Address (including unit or	level number and name of property	if required)	
	City/town/suburb	State	Postcode	Country
		•	•	•
	Email address			
Phone Details	Email address			
1 113110 2 010110				

Type - Number

Birth Father	1			
Name				
	Full Name			
Address	Any other previous names (if app	licable)		
Addiess				
	Street Address (including unit or	level number and name of property	if required)	<u></u>
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Liliali address			
	Type - Number			
Child	1			
Name				
	Full Name			
Date of Birth				
	Date of Birth			
Gender				
	[] Female [] Male			
	[] Male [] Non-Binary			
	[] Indeterminate/in	tersex/unspecified		
		'		
Place of Birth	Mark appropriate section with an	'X'		
Tidde of Billi				
	Place of birth			
Is the child an Aboriginal or Torres Strait Islander?	[] Yes			
Torres Strait Islander?	[] No			
	Mark appropriate section with an	'x'		
Address Only applicable if child is aged 18 or over				
only applicable il cililu is aged to of over	Street Address (including unit or	level number and name of property	if required)	
		and name of property	1	
	City/town/suburb	State	Postcode	Country
DI D : "	Email address			
Phone Details Only applicable if child is aged 18 or over				
,	Type - Number			
Application Details				
Mark appropriate sections below with an 'x'				
Matter Type:				
matter Type.				
This Application is for an add	option order.			
This Application is made und	der section 8 of the Ado	ption Act 1988		
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 .
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.
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]

Acc Mark	Accompanying Documents Mark appropriate sections below with an 'x'			
Acc	companying 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 YOUTH COURT OF SOUTH AUSTRALIA

ADOPTION JURISDICTION

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

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.

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			
Name of law firm / solicitor	Mark appropriate section with an 'x	x'		
	Law Firm		Solicitor	
Address for service				
	Street Address (including unit or le	evel number and name of property i	f required)	
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
Thoric 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			
Address for service	Mark appropriate section with an 's	x'		
Address for service				
	Street Address (including unit or le	evel number and name of property i	f required)	
	City/taxwa/aydaydayda	State	Pastanda	Carretori
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Email address			
	Type - Number			
Next item not displayed if applicant title is ado		optive parent		
First Adoptive Parent				
Name				
	Full Name			
Email Address	Fmail address			

Phone Details				
	Type - Number			
Next item not displayed if applicant title is ado		antivo naront		
Second Adoptive Parent	prive parent of there is only one ado	prive parent		
Name				
Email Address	Full Name			
Email Address				
	Email address			
Phone Details				
	Type Number			
	Type - Number			
Next item not displayed if applicant title is Birt	h Mother			
Birth Mother Name	1			
Name				
	Full Name			
	Any other previous names (if appl	licable)		
Address for service	Any other previous names (ii appr	incable)		
	Street Address (including unit or I	level number and name of property	if required)	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Elliali address			
	Type - Number			
Next item not displayed if applicant title is Birt Birth Father	h Father			
Name	1			
Name				
	Full Name			
Address for service				
	Street Address (including unit or i	level number and name of property	if required)	
	otroot Address (moldaling district	ever number and nume of property	roquirou	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details				
	Type - Number			
	1 Jpc - Hullibel			

Next item not displayed if applicant title is Chi	ld			
Child				
Name				
	Full Name			
Date of Birth				
Gender	Date of Birth			
Geridei	[] Female			
	[] Male			
	[] Non-Binary			
	[] Indeterminate/in	tersex/unspecified		
	Mark appropriate section with an	'x'		
Place of Birth				
Is the person an Aboriginal	Hospital (if known), suburb and Si	tate/Country of birth		
or Torres Strait Islander?	[] No			
Address	Mark appropriate section with an	'х'		
Address Only applicable if child is aged 18 or over				
,	Street Address (including unit or I	level number and name of property	if required)	
	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	rostcode	Country
Phone Details	Email address			
Only applicable if child is aged 18 or over				
	Type - Number			
Particulars of First Adoptiv	ve Parent			
Name				
	Full Name			
	Maiden Name (if applicable)			
	Any other previous names (if appli	icable)		
Birth Details	Any other previous names (ii appli	icablej		
	Date of Birth			
	Place of Birth			
Gender				
	[] Female			
	[] Male			
	[] Male [] Non-Binary	torsov/unapositiod		
	[] Male [] Non-Binary	tersex/unspecified		

Mark appropriate section with an 'x'

Date of present				
marriage/qualifying	[] Marriage			
relationship] Qualifying relationship			
	[specify date of commer	[specify date of commencement]		
	Mark appropriate section with an '	x'		
Occupation				
	Occupation			
Residential Address	•			
	Stroot Address (including unit or I	aval number and name of property i	f required)	
	Street Address (including unit of t	evel number and name of property i	rrequired)	
	City/town/suburb	State	Postcode	Country
Only display if applicable				
Only display if applicable Particulars of Second Ado	ptive Parent			
Name				
	Full Manna			
	Full Name			
	Maiden Name (if applicable)			
B: 4 B 4 3	Any other previous names (if appl	icable)		
Birth Details				
	Date of Birth			
	Place of Birth			
Gender				
	[] Female			
	[] Male [] Non-Binary			
		tersex anopeomea		
Date of present	Mark appropriate section with an '	x'		
marriage/qualifying	[] Marriage			
relationship	[] Qualifying relation	onship		
	[specify date of commen	ncement]		
	Mark appropriate section with an '	x'		
Occupation				
	Occupation			
Residential Address				
	Otennat Addennes Bereit, P	and mumber and areas.	f no musica di	
	Street Address (including unit or l	evel number and name of property i	required)	
	City/town/suburb	State	Postcode	Country

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 .
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.

Service Mark appropriate section below with an 'x' The party filling 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]

Acco	ompanying Documents ppropriate sections below with an 'x'
Acco	ompanying 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

Filed by a solicitor on behalf of the [party title]							
Applicant	Applicant Full Name						
Party Title Selected applicant role not to appear again below	[] Child [] Adoptive Parent [] Birth Mother [] Birth Father [] Chief Executive						
Name of law firm / solicitor	Mark appropriate section with an 'x'						
	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					
Phone Details	Email address						
	Type - Number						
Filed by the [Party Title]							
Applicant	Full Name						
Party Title Selected applicant title not to appear again below	[] Child						
Address for service	Mark appropriate section with an 'x'						
Addition for convict							
	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							
Email Address	Full Name						
Linaii Addicos	Fmail address						

Phone Details						
	Type - Number					
Next item not displayed if applicant title is add	ptive parent or there is only one ado	ptive parent				
Second Adoptive Parent Name	<u> </u>					
Name						
	Full Name					
Email Address						
	Email address					
Phone Details						
	Type - Number					
Next item not displayed if applicant title is Birt	th Mother					
Birth Mother						
Name						
	Full Name					
Address for service	Any other previous names (if appl	licable)				
Address for service						
	Street Address (including unit or I	level number and name of property i	f required)	Т		
	City/town/suburb	State	Postcode	Country		
				•		
	For all and decree					
Phone Details	Email address					
There Betaile						
	Type - Number					
Next item not displayed if applicant title is Birt	h Father					
Birth Father						
Name						
	Full Name					
Address for service						
	Street Address (including unit or i	level number and name of property i	f required)			
	Street Address (including till of i	lever number and name or property i	i required)			
	City/town/suburb	State	Postcode	Country		
	Email address					
Phone Details						
	Type - Number					

Next item not displayed if applicant title is Ch	ild					
Child						
Name						
	Full Name	Full Name				
Date of Birth						
Gender	Date of Birth					
Geriaer	[] Female					
	[] Male					
	[] Non-Binary	(/				
	[] Indeterminate/in	tersex/unspecified				
	Mark appropriate section with an	'x'				
Place of Birth						
	Hospital (if known), suburb and S	tate/Country of birth				
Is the person an Aboriginal	[] Yes					
or Torres Strait Islander?	[] No					
	Mark appropriate section with an	(y)				
Address	mark appropriate section with an	^				
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					
Dog Contact A Lond	D1					
Particulars of First Adoption Name	ve Parent					
Iname						
	Full Name					
	Maiden Name (if applicable)					
	(**************************************					
Birth Details	Any other previous names (if appl	icable)				
Birtir Details						
	Date of Birth					
	Place of Birth					
Gender						
	[] Female					
	[] Male					
	[] Non-Binary	tanaa				
	[] Indeterminate/in	tersex/unspecified				
i	1					

Mark appropriate section with an 'x'

Date of present marriage/qualifying [] Marriage relationship [] 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 Ado	ptive Parent						
Name							
	Full Name						
	Maiden Name (if applicable)						
	maraeri Name (ii applicable)						
	Any other previous names (if appl	icable)					
Birth Details							
	Date of Birth						
01	Place of Birth						
Gender	[] Female						
	[] Male						
	[] Non-Binary [] Indeterminate/intersex/unspecified						
	[] masterminate/iii	toroon arropoomoa					
	Mark appropriate section with an '	'x'					
Date of present							
marriage/qualifying relationship	[] Marriage [] Qualifying relationship						
·							
	[specify date of commencement]						
Occupation	Mark appropriate section with an 'x' Occupation						
Residential Address							
	Street Address (including unit or level number and name of property if required)						
City/town/suburb State Postcode Country							
Application Details							
Mark appropriate sections below with an 'x'							
Matter Type:							

	his Application is for an order declaring that an adoption order made under the law of a country outside Australia [is/is of] to be recognised under the law of the State.						
This	This Application is made under section 21(2) of the Adoption Act 1988.						
The	App	olicant 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 paragrap	ohs]				
	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 filling 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]

	companying Documents appropriate sections below with an 'x'
Acc	companying 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
YOUTH COURT 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]							
Partic Pala	Full Manna						
Party Role Name of law firm / solicitor If	Full Name						
any							
	Law Firm		Solicitor				
Address for service							
	Street Address (including unit or		if up anning al\				
	Street Address (including unit or	lever number and name or proper	ty ii required)				
	City/town/suburb	State	Postcode		Country		
	Email address						
Phone Details	Email address						
There Betaile							
	Type - Number						
Application Details							
7. pp							
This Application is for							
Nature of application in one sentence							
This Application is produced	Ja.,						
This Application is made und Act and section or other particular provision							
provident provident	•						
The above named party seel	ks 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 t	he accompanying offi	davit overs				
This application is urgent on	ine grounds ser out in t	ne accompanying am	on the		20)	
by [full name]			OH WIE	day of	20	<i>,</i> .	
If applicable							
This application is by conser			[name]				is
evidenced by [set out evidence	e eg letter or email from p	arty'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.

	vice 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 learing, 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]					
Acc Mark a	companying Documents appropriate sections below with an 'x'					
Acc	ompanying 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 YOUTH COURT 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		
	Frank address					
Phone Details	Email address					
Filone Details						
	Type - Number					
	Type Namber					
Damanaut Dataila						
Deponent Details						
_						
Deponent						
	Full Name					
Address						
	Street Address (including unit or l	evel number and name of property if	required)			
	Olfred account from the control	01-1-	Baston de	0		
	City/town/suburb	State	Postcode	Country		
	Email address					
Occupation	Linan address					
Occupation						
	Occupation					
Affi-land						
Affidavit Mark appropriate section below with an 'x'						
wark appropriate section below with all X						
I I full name address and secun	ation of dononant					
[full name, address and occup						
Set out text in separate numbered paragraph] DO TRULY AND SOLI	EMNLY AFFIRM THAT:				
If the affidavit relates to an application, ident	is tify the application and state the mat	erial facts relevant to the application	1.			
1.						

Sworn/Affirmed Delete whichever is inapplicable By the abovenamed deponent
at [place]
on [date]
Signature of deponent
before me
District and the state of the s
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:
 - (a) a Registrar or Deputy Registrar
 - (b) 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.

	ervice on the birth parents(s) and the child: k appropriate section below with an 'x'
	e party filing this document is required to serve it on all other parties at least 5 clear business days prior to the nex aring, 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]
YOUTH COURT 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]				
i nea by the [rarty the]				
Party Role	Full Name		1	
Name of law firm / solicitor if				
	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
	For all address a			
Phone Details	Email address			
There Betaile				
	Type - Number			
Response Details				
This Despense is in relation	to an Application for			
This Response is in relation Nature of application in one sentence.	to all Application for			
The details of the Response	are as follows:			
The details of the Response	are as follows.			
The abovenamed party seeks the following orders: Orders sought in separately numbered paragraphs.				
1.	Jiapiis.			

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]				
Acc Mark	Accompanying Documents Mark appropriate sections below with an 'x'				
Acc	ompanying 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

YOUTH COURT 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				
	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			
	Type - Number			
[Party Title]				
Name				
	Full Name			
	Any other previous names (if app	licable)		
Address for service	, , , , , , , , , , , , , , , , , , ,	,		
	Street Address (including unit or	level number and name of property	if required)	
	Street Address (including drift of	lever number and name or property	in required)	
	3 2. 6. 7. 1.			
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
Thore Details				
	Type - Number			
Child				
Name				
	Full Name			
Date of Birth	Full Name			
	Date of Birth			
Application Details Mark appropriate sections below with an 'x'				
Matter type:				
This Application is for an ord	er			
[] dispensing with conse	nt v of consent			
Treodynamy the validity	[] 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 [] that the consent of the [] [any other orders sought	[party title] be recognise	ed as valid.		
This Application is made on full name	the grounds set out in the	he accompanying affida	avit sworn by on the day of	20 .

То	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.

	Service Mark appropriate section below with an 'x'				
		s document is required to serve it on all other parties at least 5 clear days before the first hearing, in the Rules of Court.			
[] It is intended	d to serve this application on all other parties.			
[[] It is not intended to serve this application on the following parties: [list names]				
	because [r	reasons]			

	Accompanying Documents Mark appropriate sections below with an 'x'				
A	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

YOUTH COURT 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 Pala					
Party Role Party Title	Full Name				
, any mas	[] Child [] Adoptive Parent [] Birth Mother [] Birth Father [] Chief Executive				
Name of law firm / solicitor #	Mark appropriate section with an	'X'			
any					
A -l-l	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				
	Type - Number				
Next item only displayed if applicable First Adoptive Parent					
Name					
	- ""				
Address for Service	Full Name				
	Street Address (including unit or I	evel number and name of property i	f required)		
Phone Details	City/town/suburb	State	Postcode	Country	
Filone Details					
	Type - Number				
Next item only displayed if applicable					
Second Adoptive Parent					
Name					
	Full Name				
Address for Service					
	Street Address (including unit or I	evel number and name of property i	f 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 app	olicable)		
Address for Service				
	Street Address (including unit or	lavel number and name of number	M no musico di	
	Street Address (including unit or	level number and name of property	ir required)	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Email address			
	Type - Number			
lext item only displayed if applicable				
Birth Father				
Name				
	Full Name			
	Any other previous names (if app	olicable)		
Address for Service				
	Otanat Address (in shorting coult an	ll	M	
	Street Address (including unit or	level number and name of property	ir required)	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Linuii dudiess			

Type - Number

Child					
Name					
	Full Name				
Date of Birth	Tan Name				
Gender	Date of Birth				
	[] Female				
	[] Male [] Non-Binary				
		tersex/unspecified			
		•			
	Mark appropriate section with an	(_V)			
Place of Birth	mark appropriate section with an	^			
Is the person an Aboriginal	Hospital (if known), suburb, State	/Country			
or Torres Strait Islander?	[] No				
	Mark annuantista aastian with an	(w)			
Address for Service	Mark appropriate section with an	X			
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	
Phone Details	Email address				
Only applicable if child is aged 18 or over					
	Type - Number				
Next item only displayed if First Adoptive Pare					
Particulars of First Adoption Name	/e Parent				
ramo					
	Full Name				
	Maiden Name (if applicable)				
	Any other previous names (if appl	icable)			
Birth Details					
	Date of Birth				
	Place of Birth				
Gender	Tidos of Birth				
	[] Female				
	[] Male				
	[] Non-Binary	tersex/unspecified			
	i jindotominate/iii	toroon arropcomeu			
	Mark appropriate section with an '	x'			

Date of present	f 184s de la			
marriage/qualifying relationship	[] Marriage [] Qualifying relationship			
	[specify date of commencement]			
Occupation	Mark appropriate section with an	ʻx'		
·	Occupation			
Residential Address				
	Street Address (including unit or	level number and name of property i	if required)	1
	City/town/suburb	State	Postcode	Country
	Email address			
Next item only displayed if Second Adoptive I				
Particulars of Second Ado	plive Parent			
	Full Name			
	Maiden Name (if applicable)			
Birth Details	Any other previous names (if applicable)			
	Date of Birth			
	Date of Birth			
	Place of Birth			
Gender	[] Female			
	[] Male			
	[] Non-Binary	tersex/unspecified		
	Mark appropriate section with an 'x'			
Date of present marriage/qualifying	[] Marriage			
relationship	[] 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 i	if required)	
	City/hours/automit	State	Baston de	Country
	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 affida by [full name]	vit sworn 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]

	companying Documents appropriate sections below with an 'x'
Acc	companying 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
YOUTH COURT 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 #	T un reality			
any				
Address for service	Law Firm		Solicitor	
Address for service				
	Street Address (including unit or I	evel number and name of property if	required)	
	City/town/suburb	State	Postcode	Country
				,
Phone Details	Email address			
There betails				
	Type - Number			
Deponent Process Server	Dotaile			
Deponent Process Server	Details			
Deponent				
Address	Full Name			
Address				
	Street Address (including unit or le	evel number and name of property if	required)	
	City/taxym/aydayhyymh	State	Destanda	Country
	City/town/suburb	State	Postcode	Country
Occurrentia in	Email address			
Occupation				
Occupation				
Affidavit Mark appropriate section below with an 'x'				
mark appropriate section below with all X				
I [full name, address and occup	pation of deponent]			
[] SWEAR ON OATH / [] DO TRULY AND SOLI	EMNLY AFFIRM THAT:		
1. I served	1 Isanyad			
[insert name of person serve	ed			
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	d is already a document	on the court file, it shou	uid not be attached to	the Attidavit.
Sworn/Affirmed Delete whichever is	s inannlicable			
By the abovenamed depone				
	··· ·			
at [place]				

on [date]
Signature of deponent
before me
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:
 - (c) a Registrar or Deputy Registrar
 - (d) 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.

	rvice on the birth parents(s) and the child: k appropriate section below with an 'x'
	e party filing this document is required to serve it on all other parties at least 5 clear business days prior to the next aring, 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

YOUTH COURT 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

] 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]				
lext box only displayed if originating process is application for recognition of an adoption order made outside Australia lext 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
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
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 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 interfocutory orders, application for order It is ordered Orders in separately numbered paragraphs. 1.
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 other. Order It is ordered Orders in separately numbered paragraphs.
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 order Order It is ordered Orders in separately numbered paragraphs.
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 to costs or other Order It is ordered Orders in separately numbered paragraphs.
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 order Order It is ordered 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 focation for order Order It is ordered Orders in separately numbered paragraphs.
Order It is ordered Orders in separately numbered paragraphs.
It is ordered Orders in separately numbered paragraphs.
Orders in separately numbered paragraphs.
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 YOUTH COURT OF SOUTH AUSTRALIA ADOPTION JURISDICTION IN THE MATTER OF [name of child]

Only displayed if applicable Second Adoptive Parent

First 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.

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

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 ha	as been made as to child's to be known as' name. Not displayed for Recognition of an Adoption		
Order.				
	that it	was further ordered that the name by which the child is to be		
known is [name].				
Child				
Name				
Hamo				
	Full Name	9		
Date of Birth				
	Data of D			
Gender	Date of B	IIUI		
Oction	[]	Female		
		Male		
		Non-Binary		
		Indeterminate/intersex/unspecified		
	Mark app	ropriate section with an 'x'		
Place of Birth				
	Place			
Birth Mother	1 lace			
	Full Name	9		
	Draviava	Full Name (if applicable)		
Birth Father	Previous	Full Name (if applicable)		
Direct Carlos				
	Full Name	9		
		- u.v		
	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	Company		
	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 To be inserted by Court Case Number: Date Filed: FDN: **RECORD OF OUTCOME - ORDER** YOUTH COURT 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
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
[] [anv other recitals to appear in order]

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]					
lext box only displayed if originating process is application for recognition of an adoption order made outside Australia lext 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]					
lext box only displayed if originating process is application to dispense with, or recognise the validity of consent lext 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]
Novt hav only displayed if originating process is application for adoption 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]

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
Order
It is ordered
Mandatory if outcome is adjournment or interim order [] That the hearing of the application is adjourned until [date].

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