

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

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

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		
Phone Details	Email address		
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> 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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'		
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> 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

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		

Child			
Name	Full Name		
Date of Birth	Date of Birth		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'		
Place of Birth	Place of birth		
Is the child an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

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 .

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]

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

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 a solicitor on behalf of the <i>[party title]</i>	
Applicant	Full Name
Party Title Selected applicant title not to appear again below	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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 <i>[Party Title]</i>	
Applicant	Full Name
Party Title Selected applicant title not to appear again below	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'

Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship <i>[specify date of commencement]</i> 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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'			
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship <i>[specify date of commencement]</i> 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

Application Details Mark appropriate sections below with an 'x' This Application is for an order to discharge an adoption order made on <i>[date]</i> .
--

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 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 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**

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

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 <i>[party title]</i>	
Applicant	Full Name
Party Title Selected applicant role not to appear again below	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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 <i>[Party Title]</i>	
Applicant	Full Name
Party Title Selected applicant title not to appear again below	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'

Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship <i>[specify date of commencement]</i> 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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'			
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Qualifying relationship <i>[specify date of commencement]</i> 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

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

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		
	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.

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]*

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

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
	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			

<p>Affidavit Mark appropriate section below with an 'x'</p> <p>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.</p> <p>1.</p>
--

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:
 - (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.

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]

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		
	Email address		
Phone Details	Type - Number		

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]*

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

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 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

<p>Application Details Mark appropriate sections below with an 'x'</p> <p>Matter type:</p> <p>This Application is for an order</p> <p>[] dispensing with consent [] recognising the validity of consent.</p> <p>This Application is made under section 19(1) of the Adoption Act 1988.</p> <p>The Applicant seeks the following orders:</p> <p>[] 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]</p> <p>This Application is made on the grounds set out in the accompanying affidavit sworn by [full name] on the day of 20 .</p>
--

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.

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 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 Role	Full Name
Party Title	<input type="checkbox"/> Child <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> 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
	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
	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		
Phone Details	Email address		
	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		
Phone Details	Email address		
	Type - Number		

Child					
Name	Full Name				
Date of Birth	Date of Birth				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'

Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td data-bbox="448 495 716 579">City/town/suburb</td> <td data-bbox="716 495 984 579">State</td> <td data-bbox="984 495 1252 579">Postcode</td> <td data-bbox="1252 495 1523 579">Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Indeterminate/intersex/unspecified Mark appropriate section with an 'x'				
Date of present marriage/qualifying relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> 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)				
	<table border="1"> <tr> <td data-bbox="448 1753 716 1837">City/town/suburb</td> <td data-bbox="716 1753 984 1837">State</td> <td data-bbox="984 1753 1252 1837">Postcode</td> <td data-bbox="1252 1753 1523 1837">Country</td> </tr> </table>	City/town/suburb	State	Postcode	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 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

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		
	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:
 - (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.

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

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

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

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 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.

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*]

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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> 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

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

[] [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

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 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.