**PLAINT NOTE – ORIGINATING APPLICATION**

WARDENS COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

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

First Applicant

First Respondent

First Interested Party

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| Applicant |  | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| 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** | | | | |

**Duplicate panel if multiple Applicants**

**Next box not applicable if application for revocation/variation**

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| Respondent |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | |
| Address |  | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  | | | |
| **Email address** | | | |
| Phone Details |  | | | |
| **Type - Number** | | | |
| Service | [ ] Sheriff service requested for this Respondent  **If requested mark with an ‘x’** | | | |

**Duplicate panel if multiple Respondents**

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| Interested Party |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | |
| Address |  | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  | | | |
| **Email address** | | | |
| Phone Details |  | | | |
| **Type - Number** | | | |
| Service | [ ] Sheriff service requested for this Interested Party  **If requested mark with an ‘x’** | | | |

**Duplicate panel if multiple Interested Parties**

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter Type:  This Application is for  [ ] amalgamation  [ ] suspension  [ ] forfeiture  [ ] revocation/variation of a private mine  [ ] other [*specify nature of application*]  **Provide relevant number below (if applicable)**  Precious Stones Claim No.:  Exploration Lease No.:  Mining Lease No.:  Private Mine No.:  This Application is made under  **Act and section or other particular provision**  The Applicant seeks the following orders:  **Orders sought in separate numbered paragraphs. If there is a monetary sum state the amount being claimed.**  1.  This Application is made on the grounds set out in the accompanying affidavit sworn  by [*full name*] on the day of 20 .  **Mark with an ‘x’ if applicable**  [ ] This application is urgent.  **If applicable**  **Extension of time**  The Applicant seeks an extension of time to institute this action pursuant to:  [ ] section 48 of the Limitation of Actions Act 1936  [ ] other:  **State section and Act**  The grounds for seeking an extension are set out in the accompanying affidavit. |

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| **To the other parties: WARNING**  If a hearing date and time appears at the top of this document, this Application will be considered at the hearing at that date and time.  If you wish to oppose the Application or make submissions about it:   * you **must** **attend the hearing** and * you **must file and serve on all parties a Response within 14 days after service of the Application** and * if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must** file and serve on all parties an Affidavit within 14 days after service of the Application.   If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding (including as to costs) without further warning. |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this Application is a:  [ ] Multilingual Notice (mandatory)  [ ] Supporting Affidavit (mandatory)  [ ] Notice to Respondent Served Interstate (mandatory if address of one respondent or interested party is interstate)  [ ] Notice to Respondent Served in New Zealand (mandatory if address of one party to be served is in New Zealand)  [ ] Notice to Respondent Served outside Australia (mandatory if address of one party served is outside Australia but not in New Zealand)  [ ] If other additional document(s) please document below: |

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| **Note to Parties**  There may be cost penalties for making an unsuccessful application or resisting a successful application. |