

To be inserted by Court

Case Number:

Date Filed:

FDN:

INFORMATION SHEET

SUPREME COURT OF SOUTH AUSTRALIA
 [COURT OF APPEAL] If applicable
 CRIMINAL 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 party of the same type.

First Appellant

First Respondent

First Interested Party

| | | |
|---|---|--------------------------|
| Lodging Party | <small>Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))</small> | |
| Name of law firm / solicitor <small>If any</small> | <small>Law Firm</small> | <small>Solicitor</small> |

Appeal details

Solicitor for the Appellant: *[name, telephone, email]*
 Counsel for the Appellant: *[name, telephone, email]*

Solicitor for the Respondent: *[name, telephone, email]*
 Counsel for the Respondent: *[name, telephone, email]*

The following Judges may be disqualified from hearing the appeal/case stated:
[name] because *[reason]*

Counsel availability for next three sittings of the Court of Appeal:
 Appellant: *[dates]*
 Respondent: *[dates]*

Estimated length of hearing: *[insert time]*

Proposed division of time between counsel.
 Appellant: *[time]*
 Respondent: *[time]*
 Appellant in reply: *[time]*

Any other factors that need to be considered: *[factors]*

Notes

1. This form is to be signed by the solicitor for the party, or if self-represented the party, who has the conduct of the appeal/case stated.
2. The Appellant must lodge and serve this form, completed as to the Appellant's information, at the same time as filing the notice of appeal.
3. The Respondent must insert the Respondent's information within 7 days of the filing of the appeal.
4. The Appellant must file and serve the completed form within 14 days of the filing of the appeal.

Signed

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Signature

.....
Name printed

.....
Date