**APPLICATION FOR DETERMINATION BY COURT OF APPEAL**

SUPREMECOURT OF SOUTH AUSTRALIA

COURT OF APPEAL

CRIMINAL JURISDICTION

CASE NO: …………………..

**……………………………………………………………………………… Full Name**

**Appellant**

**v**

**……………………………………………………………………………… Full Name**

**Respondent**

|  |  |  |
| --- | --- | --- |
| **Lodging party** |  |  |
|  | **Party title** | **Full Name of party** |
| Name of law firm/office |  |  |
| **If applicable** | **Law firm/office** | **Responsible Solicitor** |
| Name of authorised officer |  | |
| **If body corporate and no law firm/office** | **Full Namesu** | |

|  |
| --- |
| **Application**  **Mark appropriate selection below with an ‘x’**  The Appellant / Respondent**Circle one** ………………………………………………………………………**name**having received notification of refusal by a single Judge of an application for  [ ] leave to appeal,  [ ] an extension of time to appeal,  requests that the application be referred to and determined by the Court of Appeal constituted of two or three members.  If the request relates to a refusal by a Judge of an application for leave to appeal, the ground or grounds of appeal requested to be determined by the Court of Appeal constituted of two or three members are …………………………………………………**ground number(s)** |