

To be inserted by Court

Case Number:

Date Filed:

FDN:

PROPOSED QUESTIONS FOR CROSS-EXAMINATION OF WITNESS

MAGISTRATES / YOUTH Circle one COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION

.....Full name
Applicant

.....Full name
Respondent

Respondent			
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 (eg. home; work; mobile) - Number		

Questions

The questions that the Respondent proposes the witness,insert name be asked in cross-examination are set out in the Schedule.

[Note: The Court (or the Court's nominee) will ask the witness those of the questions submitted that are determined by the Court to be allowable in cross-examination.]

Service

The party filing this document is NOT required to serve it on all other parties.

[illegible]

