

**TRIBUNAL OF THE PROVINCE OF ADELAIDE
(SA and NT)**

Form valid from:-
26 June, 2008

POSTAL ADDRESS
GPO Box 1364
ADELAIDE SA 5001

LIST OF WITNESSES AND REQUIRED DOCUMENTS

CASE: _____

REF. NO: _____

DOCUMENTS REQUIRED

1. Baptismal Certificate (CATHOLICS ONLY).
2. Marriage Certificate.
(In SA obtainable from the Births, Deaths and Marriages Registration Office (Office of Consumer and Business Affairs) Level 2, Chesser House, 91-97 Grenfell Street, Adelaide, SA. Enquiries: 8204 9599. Web Address: www.ocba.sa.gov.au).
3. Decree Absolute of Divorce.
4. MEDICAL or PSYCHIATRIC REPORTS, if relevant.
5. ANY LETTERS THAT ARE RELEVANT.
6. OTHER DOCUMENTS: _____
7. Has the \$200.00 Initial Fee been paid?

MY FORMER PARTNER'S NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____

MOBILE: _____

NOTES REGARDING WITNESSES:

IT IS IMPORTANT THAT THERE BE SOME WITNESSES FROM OUTSIDE THE FAMILY OF THE PERSON PRESENTING THE CASE.

WITNESSES WHO LIVE OUTSIDE ADELAIDE OR EVEN OVERSEAS MAY BE NAMED, PROVIDED AN ADDRESS IS GIVEN AND THAT YOU HAVE ESTABLISHED THAT THEY ARE WILLING TO COOPERATE. IN NAMING ANY WITNESSES IT IS IMPORTANT TO NAME THOSE WHO WILL BE PREPARED TO COOPERATE.

I WOULD LIKE TO CALL AS WITNESSES:

NOTE: PLEASE GIVE FULL NAME, ADDRESS, POST CODE AND TELEPHONE NUMBER FOR EACH WITNESS –

1. FAMILY: *(Please indicate relationship).*

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2. OTHER RELATIVES OF MINE: *(Please indicate relationship).*

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3. MY FORMER PARTNER'S FAMILY: *(Please indicate relationship).*

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4. OTHER RELATIVES OF MY FORMER PARTNER: *(Please indicate relationship).*

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5. FRIENDS (of yourself? Respondent? Both?):

(Please state briefly where each witness fits into the story e.g. workmate, neighbour, years known).

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6. PROFESSIONAL: (DOCTORS, PRIESTS ETC.)

(Please state where each fits into the story).

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7. CHARACTER WITNESSES:

(Please provide character references where applicable. Please ASK your character referees before nominating them. Thank you).

1. Parish Priest (please ASK before nominating).

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2. School Principal (Applicable if you are a Teacher or have a STRONG connection to your child/s school).

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3. PROFESSIONAL – (RELEASE FORM REQUIRED - to be completed at the Tribunal Office).

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4. LONG TIME FRIENDS/EMPLOYER (5 years or longer).

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DATE: _____

SIGNED: _____