**WARRANT OF DETENTION**

[*SUPREME/DISTRICT/MAGISTRATES*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Informant/R**

**v**

**[*FULL NAME*]**

**Defendant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Defendant |  | | | |
| **Full Name** | | | |
| Address |  | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  | | | |
| **Email address** | | | |
| Date of Birth/Licence no |  | |  | |
| **Date of Birth** | | **Driver’s Licence no (if any)** | |
| Phone Details |  | |  | |
| **Type (eg. Home; work; mobile) – Number** | | **Another number** | |

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| **To: the Sheriff**  **the Commissioner of Police for the State of South Australia and each member of the Police Force for the State**  **the Minister for Health and Wellbeing**  **the Chief Executive of the Department for Correctional Services**  **Recitals**   1. By order dated [*date*] the Court determined that [*the*] Defendant [*number*] [*name*] has been found unfit to be tried in respect of count[*s*] [*number(s)*] on the Information dated [*date*] pursuant to Section 20B(3) of the *Crimes Act 1914* (Cth). 2. The Defendant is to be detained  * in a hospital * in safe custody in a prison   for a term of [*no of years*] [*no of months*] [*no of days*]. **provision for multiple**  **Warrant**   1. The Sheriff and the Commissioner of Police and members of the police force, are directed to take the Defendant to  * a hospital. * a prison as defined above.  1. The Minister for Health and Wellbeing or the Chief Executive of the Department for Correctional Services (as applicable) is directed to receive and detain the [Defendant] for the period of time specified in this warrant at  * a hospital or such other place of detention as is ordered by the Attorney-General for the Commonwealth. * a prison as defined above or such other place of detention as is ordered by the Attorney-General for the Commonwealth  1. Accompanying this warrant insofar as it is provided to the Chief Executive of the Department for Correctional Services and Minister for Health and Wellbeing is a copy of the Information(s) in respect of which the Defendant was found unfit to be tried. |

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| **Authentication**  …………………………………………  Signature of Court Officer  [*title and name*]  Date warrant signed: [*date*] |