**WARRANT OF DETENTION**

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

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Informant/R**

**v**

**[*FULL NAME*]**

**Defendant**

|  |  |
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| 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*] |