**WARRANT OF DETENTION (HOSPITAL ORDER)**

**Division 9 Crimes Act 1914 (Cth)**

[*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**  **Recitals**   1. The Court, without passing sentence on the Defendant, has ordered that the Defendant be detained for the purpose of receiving treatment pursuant to section 20BS of the *Crimes Act 1914* (Cth)*.* 2. The Court has ordered that the Defendant be detained in a hospital for a term of [*no of years*] [*no of months*] [*no of days*] from [*date*]. 3. The Court has ordered that the Defendant is not eligible to be released from hospital before a period of [*no of years*] [*no of months*] [*no of days*] has elapsed. **Option (c) only displayed if applicable**   **Warrant**   1. The Sheriff, and the Commissioner of Police, and members of the police force, are directed to take the Defendant to an appropriate hospital. 2. The Minister for Health and Wellbeing is directed to receive and detain the Defendant for the period of time specified in this warrant at an appropriate hospital. 3. Accompanying this warrant insofar as it is provided to the Minister for Health and Wellbeing is a copy of the Information(s) in respect of which the Defendant was charged. |

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