**NOTICE THAT PERSON HAS BEEN DECLARED LIABLE TO SUPERVISION**

**Criminal Law Consolidation Act 1935 s 269Q**

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH/**ENVIRONMENT RESOURCES AND DEVELOPMENT*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Informant/R**

**v**

**[*FULL NAME*]**

**Defendant/Youth**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOTICE TO:** | | | | |
| Relevant Public Sector Agency | Minister for Health | | | |
| Address | Level 9, 11 Hindmarsh Square | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
| Adelaide | SA | 5000 | AU |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Ministerforhealth@sa.gov.au | | | |
| **Email address** | | | |
| Phone Details | (08) 8463 6270 | |  | |
| **Type (eg. Home; work; mobile) – Number** | | **Another number** | |

**This box displayed if Defendant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relevant Public Sector Agency | Clinical Director, Forensic Mental Health Service | | | |
| Address |  | | | |
| **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** | | **Another number** | |

**This box displayed if Youth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relevant Public Sector Agency | Clinical Director, Child and Adolescent Mental Health Service | | | |
| Address | 55 Watson Avenue | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
| Enfield | SA | 5085 | Australia |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| [Health.ForensicCAMHS@sa.gov.au](mailto:Health.ForensicCAMHS@sa.gov.au)  [Health.SCAMHSSStatewide@sa.gov.au](mailto:Health.SCAMHSSStatewide@sa.gov.au) | | | |
| **Email address** | | | |
| Phone Details | (08) 7117 3800 | |  | |
| **Type (eg. Home; work; mobile) – Number** | | **Another number** | |

|  |  |
| --- | --- |
| **Notice**  On [*date*] the Court declared the [*Defendant/Youth*] to be liable to supervision under Part 8A of the *Criminal Law Consolidation Act 1935* after finding that: | |
|  | the [*Defendant/Youth*] was unfit to stand trial upon the offence(s) charged in the Information. |
|  | the [*Defendant/Youth*] was mentally incompetent to commit [*the offence(s)/counts [number(s)*] charged in the Information. |
| A limiting term has yet to be fixed.  This Notice is given so that you may comply with subsection 269Q(1) of the *Criminal Law Consolidation Act 1935*, which requires that a report be sent to the Court within 30 days. | |

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