Form 154

To be inserted by Court		
Case Number:		
Date Filed:		
FDN:		

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 proper	ty if required)	
	City/town/suburb	State	Postcode	Country
	Email address			
Other address at which				
Defendant/Youth may be found optional	Street Address			
IOUTIO optional				
	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) – I	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

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	Ministerforhealth@sa.gov.au	
Phone Details	Email address (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	Clinical Director, Child and Adolescent Mental Health Service				
Agency					
Address	55 Watson Aven	55 Watson Avenue Street Address (including unit or level number and name of property if required)			
	Street Address (including				
	Enfield	SA	5085	Australia	
	City/town/suburb	State	Postcode	Country	
	Health.ForensicCAMHS@sa.gov.au				
	Health.SCAMHSSStatewide@sa.gov.au				
	Email address				
Phone Details	(08) 7117 3800				
	Type (eg. Home; work; mo	bile) – 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.

Authentication

Signature of Court Officer

[title and name]

Date of Notice: [date]