**ORIGINATING APPLICATION FOR VARIATION, CANCELLATION OR REVIEW OF RELEASE ON LICENCE PURSUANT TO FORMER SECTION 293A CRIMINAL LAW CONSOLIDATION ACT**

SUPREME COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Applicant**

**v**

**[*FULL NAME*]**

**Respondent**

|  |  |
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| Applicant |  |
| Authorising individual**If applicant ant is not an individual and not represented by a law firm/office** |  |
|  |
| Name of law firm/office**If applicable** |  |  |
| **Law firm/office** | **Responsible Solicitor** |
| Address for service |  |
| **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** |
| Applicant’s References |  |  |
| **Reference number - optional** | **Instant loss of licence number - optional** |

**Provision for multiple**

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| Respondent |  |
| **Full Name (including Also Known as)** |
| 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 (optional)** |

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| **Application details**This Application is for* variation of conditions of a release on licence of the original Defendant [*full name*] (‘the Subject’)
* revocation of conditions of a release on licence of the original Defendant [*full name*] (‘the Subject’)
* cancellation of a release on licence of the original Defendant [*full name*] (‘the Subject’)
* a review of a release on licence of the original Defendant [*full name*] (‘the Subject’)

This Application is made under section 293A of the *Criminal Law Consolidation Act 1935* (as in force prior to 2 March 1996)*.*The applicant seeks the following orders: 1. **Provision for multiple** Condition [*Enter number*] of the Release on Licence imposed by the Court on [*date*] be varied to [*Enter description of variation*].
2. Condition[s] [*Enter number(s)*] of the Release on Licence imposed by the Court on [*date*] be revoked.
3. The Release on Licence imposed by the Court on [*date*] be cancelled.
4. There be a review of the Release of Licence.
5. [*Enter* *other*].

This Application is made on the grounds* set out in the accompanying Affidavit sworn by [*full name*] on [*date*]. **Must complete if Application includes varying or revoking the conditions relating to firearms in s 96(2) of the *Sentencing Act 2017***
* that
1. [*Enter grounds in numbered paragraphs*]

**Only complete if applicable otherwise delete** This Application is urgent on the grounds * set out in the accompanying Affidavit sworn by[*full name*] on[*date*].
* that
1. [*Enter grounds* *in numbered paragraphs*].
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| **To the Other Parties: WARNING**This Application will be considered at the hearing at the date and time set out at the top of this document.If you wish to oppose the Application or make submissions about it:* **you must attend the hearing** and
* if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must** file and serve on all parties an affidavit before the hearing date.

If you do not do so, the Court **may proceed in your absence** and orders may be made **finally determining** this application without further warning.**To the original Defendant the subject of the release on licence: WARNING** You **must** attend the hearing or have a lawyer attend for you to make submissions in [*support of/response to*] **Select one** this Application. If you are in custody, arrangements can be made for you to appear before the Court in person or via audiovisual link on the day of the hearing. You should inform the Court Registry whether you wish to appear in person or by audiovisual link. |

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| **Service** The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**Accompanying this Application is a * Supporting Affidavit **optional unless relates to firearms conditions**
* **if applicable** [*Enter description of additional documents*]
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