

<p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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<p><b>Hearing Date and Time:</b></p> <p><b>Hearing Location:</b></p>
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**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  
CASE NO:.....

..... Full Name  
**Applicant**

**v**  
..... Full Name  
**Respondent**

Applicant			
Authorising individual <small>If applicant is not an individual and not represented by a law firm/office</small>			
Name of law firm/office <small>If applicable</small>	<small>Law firm/office</small>	<small>Responsible Solicitor</small>	
Address for service	<small>Street Address (including unit or level number and name of property if required)</small>		
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
	<small>Country</small>		
	<small>Email address</small>		
Phone Details	<small>Type (eg. home; work; mobile) – Number</small>		
Applicant's References	<small>Reference number - optional</small>	<small>Instant loss of licence number - optional</small>	

Provision for multiple

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)	

Only complete if applicable otherwise mark as N/A

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)	

Only complete if applicable otherwise mark as N/A

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)	

**Application details**

Mark appropriate selection below with an 'x'

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:



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Only complete if applicable

This Application is urgent on the grounds

[  ] set out in the accompanying Affidavit sworn by.....full name

on.....date

[  ] that  
Outline grounds in separately numbered paragraphs below

1. ....  
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