**ORIGINATING APPLICATION FOR VARIATION OR DISCHARGE OF DIVISION 6, 7 OR 9 CRIMES ACT 1914 (CTH) ORDER**

SUPREME / DISTRICT / MAGISTRATES  **Circle one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

CASE NO: …………………

**[*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** |  | | | | |
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| 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)** | | | | |
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| **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)** | | | | |
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| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

**Only complete if applicable otherwise mark as N/A**

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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)** | | | | |
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| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

**Only complete if applicable otherwise mark as N/A**

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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)** | | | | |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| **Application details**  **Mark appropriate selections below with an ‘x’**  This Application is to  [ ] vary the terms of a Division 6 order made in respect of the original Defendant …………………………**full name**  [ ] vary the terms of a Division 7 order made in respect of the original Defendant …………………………**full name**  [ ] discharge a hospital order under Division 9 made in respect of the original Defendant ……………………**full name**  [ ] vary treatment under a psychiatric probation order under Division 9 made in respect of the original Defendant  …………………………**full name**  The original Order the subject of this application was made on ……………**date**in case number ……………**case number** by the ……………………………..**enter name of court**Court of South Australia.  This Application is made under  [ ] section 20BC(7)  [ ] section 20BJ(6)  [ ] section 20BU  [ ] section 20BV(4)  of the *Crimes Act 1914* (Cth)*.*  The Applicant seeks the following orders:  **Enter orders in numbered paragraphs**  ………………………………………………………………………………………………………………………......  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………......  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………......  …………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………..  This Application is made on the grounds  [ ] set out in the accompanying Affidavit sworn by…………………………………………**full name**  on…………………**date (mandatory if Application includes varying or revoking conditions relating to firearms (e.g. guns in s 96(2) of the *Sentencing Act 2017*)**  [ ] that  **Outline grounds in separately numbered paragraphs below**   1. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **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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| **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 Defendant the subject of the original order: WARNING**  You **must** attend the hearing or have a lawyer attend for you to make submissions in [*support of/response to*] **complete 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**  **Mark appropriate selection below with an ‘x’**  Accompanying this Application is a  [ ] Supporting Affidavit **optional unless required by Rules of Court**  [ ] If other additional document(s) please list them below:  .…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….………………………………………………………………..…………………………………….…...**list additional documents (if any**) |