**ORIGINATING APPLICATION TO VARY OR REVOKE LICENCE DISQUALIFICATION**

**Young Offenders Act 1993 s 28(2)**

YOUTH 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** | | | | |
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| Phone Details |  | | |  | |
| **Type (eg. home; work; mobile) – Number** | | | **Another number (optional)** | |

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| **Application details**  This Application is for:   * revocation of a licence disqualification made in respect of the original Youth [*full name*] (‘the Subject’) **Can only be selected** **for youths** * variation of a licence disqualification original Youth [*full name*] (‘the Subject’) **Can only be selected** **for youths**   The original licence disqualification the subject of this application was made on [*date*] in case number [*enter case number*] by the [*enter name of court*] Court of South Australia.  This Application is made under section 28(2) of the Young Offenders Act 1993  The Applicant seeks the following orders:   * The licence disqualification imposed by the Court on [*date*] against the Subject be revoked. * The licence disqualification imposed by the Court on [*date*] against the Subject be varied to [*Enter description of variation*]. * [ ] [*Enter other*].   This Application is made on the grounds   * set out in the accompanying Affidavit sworn by [*full name*] on [*date*]. * that * 1. it is just or expedient to vary or revoke the licence disqualification because [*Enter grounds*]. * 2. [*Enter other grounds*].   **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   **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 Youth the subject of the original licence disqualification: select one WARNING**  You **must** attend the hearing or have a lawyer attend for you to make submissions in support of 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** * If other additional document(s) please list them below: |