**ORIGINATING APPLICATION** **FOR YOUTH TO BE DISCHARGED ABSOLUTELY FROM A DETENTION ORDER**

**Young Offenders Act 1993 s 42**

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

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| **Application details**  This Application is for the Respondent [*name*] (‘the Subject) to be discharged absolutely from a detention order upon recommendation of the Training Centre Review Board following the Subject’s release from custody.  The original Detention Order 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 42(1) of the *Young Offenders Act 1993.*  The Applicant seeks an order that the Subject be discharged absolutely from the Detention Order imposed by the Youth Court on [*date*].  This Application is made on the grounds   * set out in the accompanying Affidavit sworn by [*full name*] on [*date*]. * that  1. the Subject was sentenced to a period of detention of by the Youth Court on [*date*]. 2. the Subject has been granted conditional release from detention in accordance with the *Young Offenders Act 1993.* 3. The Training Centre Review Board has recommended that the Subject be discharged absolutely from the Detention Order imposed on [*date*]. 4. [*Enter other*].   **Only complete if applicable otherwise delete** This Application is urgent on the grounds   * set out in the accompanying Affidavit sworn by[*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 subject to the original Detention Order: 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.  As 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: |