**ORDER – BRING DETAINEE OR LICENSEE FROM AN INSTITUTION**

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH/ENVIRONMENT RESOURCES AND DEVELOPMENT*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Applicant**

**v**

**[*FULL NAME*]**

**Respondent**

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| **Particulars of Detainee/Licensee** |
| Detainee/Licensee |  |
| **Full Name** |
| Date of birth |  |
| **Date of Birth (if known)** |
| Name of institution |  |
| **Name** |
| Address of institution |  |
| **Street Address (including unit or level number and name of property if required)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Telephone |  |
| **Type (eg. Home; work; mobile) - Number** |

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| **Introduction****Hearing**Hearing Location: [*suburb*][*Hearing date*] [*Listed starting time*]Hearing type:**Supreme and District Court only**[*Actual hearing start time*] - [*Actual hearing end time*][*Presiding Officer*]**Appearances**[*Applicant Appearance Information*][*Respondent Appearance Information*]**Remarks*** (a) An application for [*release on licence/review of licence/variation of licence*] has been filed in the Court. The [*detainee/licensee*] now [*in detention/on license*] in the said location [*full name*] (‘the Subject’) is required to attend at the hearing detailed above in which the [*detainee/licensee*] is a party for the purposes of the *Criminal Law Consolidation Act 1935.*
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| **Order** **Date of Order**: [*date*]**Terms of Order** It is ordered that:**Orders in separately numbered paragraphs.*** 1. pursuant to Part 8A of the *Criminal Law Consolidation Act* 1935, the Subject attend at the Court [*in person/by video link*] at the date, time and location set out above.
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| **To the [*Manager or the Institution at [institution]*] [*Clinical Director, Forensic Mental Health Services at James Nash House*] [*Clinical Director, Extended Care Service at the Glenside Campus of the Royal Adelaide Hospital*] [*Director of the Mental Health Unit at the [hospital]*]****And to the Sheriff and the Commissioner of Police for the State of South Australia and each member of the Police Force for the State**YOU ARE DIRECTED to arrange the Subject’s attendance at the hearing [*in person/by video link*]. |

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| **Authentication**…………………………………………Signature of Court Officer[*title and name*] |