

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:**

**Hearing Location:**

## 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**

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

**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 licence] 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*.

**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.

**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].

**Authentication**

.....  
Signature of Court Officer  
[title and name]