**NOTICE OF APPEAL AGAINST SENTENCE OR MENTAL IMPAIRMENT DISPOSITION**

SUPREMECOURT OF SOUTH AUSTRALIA

COURT OF APPEAL **Circle** **only if applicable**

CRIMINAL JURISDICTION

CASE NO: ………………….

……………………………………………………………………………… **Full Name**

**Appellant**

**v**

……………………………………………………………………………… **Full Name**

**Respondent**

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| **Appellant** |  | | |  | |
|  | **Party title** | | | **Full name of party** | |
| Name of law firm/office |  | | |  | |
| **If applicable** | **Law firm/office** | | | **Responsible Solicitor** | |
| Name of authorised officer |  | | | | |
| **If body corporate and no law firm/office** | **Full name** | | | | |
| 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** | | | | |

**Provision for multiple**

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| **Respondent** ..……..**number** |  | | | |
| **Full Name** | | | |
| 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** | |

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

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| --- | --- | --- | --- | --- |
| **Respondent** ……...**number** |  | | | |
| **Full Name** | | | |
| 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** | |

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

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| --- | --- | --- | --- | --- |
| **Respondent** ……....**number** |  | | | |
| **Full Name** | | | |
| 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** | |

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| **Appeal Details**  **Mark appropriate selection below with an ‘x’**  The Appellant seeks leave to appeal and/or appeals to  [ ] the Court of Appeal  [ ] a single Judge  against the judgment or decision identified below.  [ ] This is an application for leave to appeal and/or appeal by *Defendant / Youth* Circle one against  [ ] a sentence  [ ] a decision to defer sentencing.  [ ] an ancillary order.  [ ] a sentencing disposition under Part 8A Division 3A or 4 of the *Criminal Law Consolidation Act 1935.*  [ ] a sentencing disposition under Part 1B Division 6, 7, 8 or 9 of the *Crimes Act 1914* (Cth)*.*  [ ] This is an application for leave to appeal and/or appeal by the prosecution against  [ ] a sentence.  [ ] a decision to defer sentencing.  [ ] a sentencing disposition under Part 8A Division 3A or 4 of the *Criminal Law Consolidation Act 1935.*  [ ] a sentencing disposition under Part 1B Division 6, 7, 8 or 9 of the *Crimes Act 1914* (Cth)*.*  [ ] This is an application for leave to appeal and/or appeal by the Attorney-General against an ancillary order or decision not to make an ancillary order.  This appeal is brought under ………………………………………………………………………………………………  ……………………………………………………………………………….………….**Act and section or other particular provision**  **Judgment subject of appeal**  Date of conviction: ……………………. **date**  Date of sentence/disposition/decision: ……………………. **date**  Court: Supreme / District / Magistrates / ERD Court / Youth Court / South Australian Employment Court / other Circle one  Judicial Officer: ………………………………………………………………….**title and name**  Case number of court: ……………………… **case number** **provision for multiple**  Offences subject of appeal: …………….count[s] [*enter numbers*] on the Information dated ……………………. **date** in case ………….**case number****provision for multiple Information/cases**  Sentence/disposition/decision subject to appeal: ………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………*enter sentence or disposition or ancillary decision for each count subject of appeal or decision to defer sentencing*]. **provision for multiple**  **Grounds of appeal**  See attached Appeal Grounds  **Orders sought**  **orders sought in numbered paragraphs**   1. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   **Only complete if applicable, otherwise mark as N/A**  **Extension of time**  The Appellant seeks an extension of time to bring this Appeal pursuant to ………………………………………  ……………………………………………………….…………….**enter Act and section or other particular provision**on the grounds that:  **grounds in separately numbered paragraphs**   1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   **Leave to appeal**  [ ] Leave not required in respect of ground[s]…………………….**enter ground numbers** because…………………  ……………………………………..**enter reason****provision for multiple**  [ ] Leave sought in respect of ground[s]…………………**enter ground numbers.** |

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| **Hearing of application/appeal**  **Mark appropriate selection below with an ‘x’**  The Appellant is in custody: yes / no **Circle one**  **Complete only if appellant is defendant/youth and is in custody**  **Complete if leave required in box above**  At the hearing of the application for leave to appeal, the Appellant wishes to:  [ ] be present in person.  [ ] appear by audiovisual link.  [ ] not appear.  Reasons why Appellant wishes to be present in person:……………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **audiovisual link is the usual form of appearance at a hearing of an application for leave for persons in custody. Special reasons need to be given for the Court to direct personal attendance**  **Complete if appellant is defendant/youth and is in custody**  At the hearing of the appeal, the Appellant wishes to:  [ ] be present in person.  [ ] appear by audiovisual link.  [ ] not appear.  Reasons why Appellant wishes to be present in person:……………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… **audiovisual link is the usual form of appearance at a hearing of an appeal for persons in custody. Special reasons need to be given for the Court to direct personal attendance** |

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| **To the Other Parties: WARNING**  The Appellant applies for leave to appeal and/or appeals against the judgment identified above. The parties will be advised of a hearing date in due course.  If you wish to oppose the application/appeal or make submissions about it, you **must** attend the hearing. If you do not attend the hearing, the Court may make orders **finally determining** the application/appeal without further warning.  If you wish to be heard on any matter relating to the appeal, you **must** file a notice of address for service in a Form 15 within 5 business days of the date of this notice, unless the respondent is the Director of Public Prosecutions. |

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| **Service**  The party filing this document is required to serve it on the Registrar of the Court appealed from and all other parties in accordance with the Rules of Court. |