**INTERLOCUTORY APPLICATION TO VARY OR REVOKE GUARANTEE OF BAIL**

**Bail Act 1985 s 7(4)**

SUPREME / DISTRICT / MAGISTRATES / YOUTH **Circle one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

CASE NO: …………………………..

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

**R / Informant Circle one**

**v**

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

**Defendant / Youth Circle one**

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| **Lodging party** | Guarantor |  |
|  | **Party title** | **Full Name of party** |
| Name of law firm/office |  |  |
| (If applicable) | **Law firm/office** | **Name of 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** |

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| **Application****Mark appropriate selection below with an ‘x’**The Defendant/Youth …………………………………………**full name**[ ] is charged with the offence(s) set out in the Information dated …………………………………..**date**[ ] has been convicted of the offence(s) being count number(s)……………………………………..  in the Information dated………………………**date**The Defendant/Youth was granted bail on………………………**date**The Guarantor applies to the ……………………………...…………………………………………………….**name of Court** at ………………………………………………………………………………………………………….………**Registry location**to: [ ] vary the terms of the Guarantee of Bail.[ ] revoke the Guarantee of Bail.The Court case number[*s*] for any other criminal matters the Defendant has before any Court are:* ………………………….
* ………………………….
* ………………………….
* ………………………….

**Grounds of Application****Mark appropriate selection below with an ‘x’**This Application is made on the grounds [ ] set out in the accompanying Affidavit sworn by …………………………….**name** on ……………………….**date**[ ] that: **list below in separately numbered paragraph(s)**1. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
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| **Accompanying Documents****Mark appropriate selection below with an ‘x’**Accompanying this Application is a[ ] Supporting Affidavit **optional**[ ] If other additional document(s) please list them below:.…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………...….....**list additional documents (if any)** |

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| **To Other Parties: WARNING****Next paragraph only relevant to Youth Court**This Application will be considered at the hearing at the date and time set out at the top of this document.**Next paragraph only relevant if not Youth Court**This Application will be considered at a hearing to be convened by the Court. You will receive a notice of hearing with details of the location, date and time of the hearing.If you wish to oppose the Application or make submissions about it**, you must go to the hearing**. 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. |

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