Form 100

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | APPLICATION FOR DISCLOSURE OF OPERATIVE'S IDENTITY IN PROCEEDINGS  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Investigation (Covert Operations) Act 2009*  Section 40 | | | | | | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | | | | | | | | | |
| Registry | |  | | | | | | | | | | File No | |  | | | |
| Address | |  | | | | | | | |  | | | | |  | | |
|  | | *Street* | | | | | | | | *Telephone* | | | | | *Facsimile* | | |
|  | |  | | | |  | |  | | | |  | | | | | |
|  | | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | | *Email Address* | | | | | |
| **Applicant** | | | | | | | | | | | | | | | | | |
| Name | |  | | | | |  | | | | | | | | | | |
|  | | *Surname* | | | | | *Given name/s* | | | | | | | | | | |
| Address | |  | | | | | | | | | |  | | | | | |
|  | | *Street* | | | | | | | | | | *Telephone* | | | | | |
|  | |  | | | |  | |  | | | |  | | | | | |
|  | | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | | *Email Address* | | | | | |
| **Respondent** | | | | | | | | | | | | | | | | | |
| Name | |  | | | | |  | | | | | | | | | | |
|  | | *Surname* | | | | | *Given name/s* | | | | | | | | | | |
| Address | |  | | | | | | | | | |  | | | | | |
|  | | *Street* | | | | | | | | | | *Telephone* | | | | | |
|  | |  | | | |  | |  | | | |  | | | | | |
|  | | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | | *Email Address* | | | | | |
| **Witness Protection Certificate** | | | | | | | | | | | | | | | | | |
| I, the applicant, acknowledge that a witness identity protection certificate in respect of an operative has been filed in the | | | | | | | | | | | | | | | | | |
|  |  | | | Court in relation to the proceedings of | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Order or Relief sought:**  Order requiring witness to answer questions/give evidence - section 40(1)(b);  Permission to ask a question of a witness (including the operative) – section 40(1)(a)(i); or  Permission for a person involved in the proceedings to make a statement – section 40(1)(a)(ii).  Details: | | | | | | | | | | | | | | | | | |
| Date Applicant | | | | | | | | | | | | | | | | | |
| **Hearing date** | | | Registry | | | | | | | | | | Date | | | | |
|  | | | Address | | | | | | | | | | Time       am/pm | | | | |
|  | | | Telephone | | Facsimile | | | | | | Email Address | | | | | | |
| Date MAGISTRATES COURT | | | | | | | | | | | | | | | | | |

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| --- |
| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| I certify that I served the attached document on all parties to this proceeding. |
| Certified this       day of       20 |