



**APPLICATION FOR DISCLOSURE OF
OPERATIVE'S IDENTITY IN PROCEEDINGS**
Magistrates Court of South Australia
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

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