



APPLICATION FOR COURT ORDERS IN RELATION TO A VULNERABLE ADULT

Magistrates Court of South Australia

www.courts.sa.gov.au

Ageing and Adult Safeguarding Act 1995

Section 31

Court Use

Date Filed:

Applicant					
Name	Director of the Office for Ageing Well				
Address	Street		Telephone	Facsimile	
	City/Town/Suburb	State	Postcode	Email Address	
Vulnerable adult to whom the application relates					
Name	Surname	Given name/s	Gender	DOB	dd/mm/yyyy
Address	Street				
	City/Town/Suburb	State	Postcode		
IMPORTANT NOTICE TO THE VULNERABLE ADULT					
You have a right to be heard. You or your legal representative (if any) must attend the hearing. If you do not attend, orders may be made in your absence.					
The application is for an order:					
<input type="checkbox"/> pursuant to section 31(1)(a) <input type="checkbox"/> pursuant to section 31(1)(b) (with the permission of the Court)					
The applicant seeks the following orders:					
(Specify the orders that are sought)					
<input type="checkbox"/> pursuant to section 33(1)(a) (authorising or requiring an examination or assessment of a specified kind) <input type="checkbox"/> pursuant to section 33(1)(b) (requiring a person to do or refrain from doing a specified thing) <input type="checkbox"/> pursuant to section 33(1)(c) (authorising the Adult Safeguarding Unit, the Director or an authorised officer to take specified action where the vulnerable adult has refused consent) <input type="checkbox"/> pursuant to section 33(1)(d) (other necessary or appropriate orders to enable the functions of the Adult Safeguarding Unit to be performed) <input type="checkbox"/> pursuant to section 33(1)(e) (consequential or ancillary orders)					
THE GROUNDS OF THIS APPLICATION MUST BE SET OUT IN AN AFFIDAVIT ATTACHED TO THIS APPLICATION.					
You must provide details of the following:					
Are you aware of any person who may be bound by the orders applied for?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes please provide details of any person who may be bound by the order(s) applied for below.					

Person(s) who may be bound by any of the orders

1.	Name	<i>Surname</i>		<i>Given name/s</i>
	Address	<i>Street</i>		<i>Telephone</i>
		<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>
2.	Name	<i>Surname</i>		<i>Given name/s</i>
	Address	<i>Street</i>		<i>Telephone</i>
		<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>
3.	Name	<i>Surname</i>		<i>Given name/s</i>
	Address	<i>Street</i>		<i>Telephone</i>
		<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>
4.	Name	<i>Surname</i>		<i>Given name/s</i>
	Address	<i>Street</i>		<i>Telephone</i>
		<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>
5.	Name	<i>Surname</i>		<i>Given name/s</i>
	Address	<i>Street</i>		<i>Telephone</i>
		<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>

IMPORTANT NOTICE

You may be bound by a Court order. You have a right to make representations to the Court as to why such an order should not be made. You or your legal representative (if any) must attend the hearing. If you do not attend, orders may be made in your absence.

..... Date APPLICANT
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Hearing details	Registry	Date
	Address	Time am/pm
	Telephone	Facsimile Email Address

..... Date JUSTICE OF THE PEACE / REGISTRAR
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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 of service effected:

Time of day: Between am/pm and am/pm

Method of service (tick box)

- personally;
- by post;
- by leaving a copy at the last (or most usual) place of residence with a person apparently residing there and not less than 16 years of age;
- by leaving a copy at the place of business with a person apparently employed there and not less than 16 years of age;
- any other method permitted by the Rules – specify:

I certify that I served the attached document in the manner described.

Certified this day of 20