Form 144

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|  | INTERIM ORDER **Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Ageing and Adult Safeguarding Act 1995*Section 33(2) |
|  |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **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 interim order relates** |
| Name |       |       |       | DOB  |       |
|  | *Surname* | *Given name/s* | *Gender* |  | *dd/mm/yyyy* |
| Address |       |
|  | *Street* |
|  |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* |
| **Person(s) who are bound by any of the orders**  |
| 1. | Name |       |       |
|  |  | *Surname* | *Given name/s* |
|  | Address |       |       |
|  |  | *Street* | *Telephone* |
|  |  |       |       |       |
|  |  | *City/Town/Suburb*  | *State* | *Postcode* |
| 2. | Name |       |       |
|  |  | *Surname* | *Given name/s* |
|  | Address |       |       |
|  |  | *Street* | *Telephone* |
|  |  |       |       |       |
|  |  | *City/Town/Suburb*  | *State* | *Postcode* |
| 3. | Name |       |       |
|  |  | *Surname* | *Given name/s* |
|  | Address |       |       |
|  |  | *Street* | *Telephone* |
|  |  |       |       |       |
|  |  | *City/Town/Suburb*  | *State* | *Postcode* |
| 4. | Name |       |       |
|  |  | *Surname* | *Given name/s* |
|  | Address |       |       |
|  |  | *Street* | *Telephone* |
|  |  |       |       |       |
|  |  | *City/Town/Suburb*  | *State* | *Postcode* |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. | Name |       |       |
| *Surname* | *Given name/s* |
| Address |       |       |
| *Street* | *Telephone* |
|       |       |       |
| *City/Town/Suburb*  | *State* | *Postcode* |
| **Interim order made:**[ ]  The Court is satisfied that it is appropriate to make this order. |
| **Details of interim order:**It is ordered that:[ ]  The examination/assessment, namely      , of the vulnerable adult is authorised/required by      [ ]        is required to       in respect of the vulnerable adult      [ ]        must refrain from       in respect of the vulnerable adult      [ ]  The Adult Safeguarding Unit/The Director of the Office for Ageing Well/An authorised officer under the *Ageing and Adult Safeguarding Act 1995* is authorised/required to       if the vulnerable adult has refused to consent to the taking of that action [ ]        [other orders] |
| **Hearing details**  | Registry       | Date       |
| Address       | Time       am/pm |
| Telephone       | Facsimile       | Email Address       |
|   Date MAGISTRATE / REGISTRAR |
| **IMPORTANT NOTICE** A person who contravenes a term of this order is guilty of an offence. If you do not comply with this order, you may be liable to a maximum penalty of $10,000.  |

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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       |