## INTERIM ORDER

Magistrates Court of South Australia

Ageing and Adult Safeguarding Act 1995 Section 33(2)

Registry							File N	lo				
Address		Street					Telephone			Facsimile		
		City/Town/Suburb State Postcoo				Postcode	1	Email Address				
Applicant												
Name		Dire	Director of the Office for Ageing Well									
Address		Street					Telephone			Facsimile		
			ōown/Suburb	State	Postcode	Email Address						
Vulnerable adult to whom the interim order relates												
Name		Surna	ime	Given na	Given name/s				Gender		DOB	dd/mm/yyyy
Address		Street	Street									
		City/Town/Suburb					State			Postcode		
Person(s) who are bound by any of the orders												
	Name		Sumame				Given name/s					
1.	A d drav		Start.				Telephone					
	Addres	55	City/Town/Suburb State				Postcode					
	Name		Surname				Given name/s					
2.	Addres	20	Street				Telephone					
	Addres	55	City/Town/Suburb	burb State			Postcode					
3.	Name		Surname				Given name/s					
	Addres	20					Telephone					
	Addres	55	City/Town/Suburb State				Postcode					
4.	Name		Surname				Given name/s					
	A						Telephone					
	Addres	SS	City/Town/Suburb			Postcode						

5.	Name	Surname		Given name/s				
	Address	Street	Telephone					
		City/Town/Suburb	State	Postcode				
	Interim order made:							
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]								
		Registry			Date			
Hearir	ng details	Address			Time	am/pm		
		Telephone	Facsimile	Email Add				
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.								

Proof of Service							
Name	Name of person serving:						
Addre	Address of person serving:						
Name	Name of person served:						
Addre	Address at which service effected:						
Date	Date of service effected:						
Time	of day: Between	am/pm and		am/pm			
Metho	od of service (tick box)	.)					
r 🗆	personally;						
t	] 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;						
[ ] f	any other method permitted by the Rules – specify:						
I certify that I served the attached document in the manner described.							
Certified this day of		day of	20				