Form 145

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|  | | | | FINAL 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(1) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 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 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* | | | | | | | | |

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| --- | --- | --- | --- | --- |
| 5. | Name |  | |  |
| *Surname* | | *Given name/s* |
| Address |  | |  |
| *Street* | | *Telephone* |
|  |  |  |
| *City/Town/Suburb* | *State* | *Postcode* |
| **Final order made:**  The Court is satisfied that the making of these orders is appropriate pursuant to section 33(1) of the *Ageing and Adult Safeguarding Act 1995.* | | | | |

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| **Details of 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] |
| 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 |