



FINAL ORDER
Magistrates Court of South Australia
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	Surname		Given name/s		Gender	DOB 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	<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>

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*.

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.

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