



FINAL ORDER AS VARIED
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 as varied 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