Form 146

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | APPLICATION TO VARY OR REVOKE 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(3) | | | | | | | | | | | | | | | | | Court Use  Date Filed: | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Registry | |  | | | | | | | | | | | | | | File No | | |  | | | | | |
| Address | |  | | | | | | | | | | | | |  | | | | |  | | | | |
|  | | *Street* | | | | | | | | | | | | | *Telephone* | | | | | *Facsimile* | | | | |
|  | |  | | | | | |  | |  | | | | | |  | | | | | | | | |
|  | | *City/Town/Suburb* | | | | | | *State* | | *Postcode* | | | | | | *Email Address* | | | | | | | | |
| **Applicant** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  | | | *Surname* | | | | | | | | | *Given name/s* | | | | | | | | | | | | |
| 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* | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | Name |  | | | |  | | |
| *Surname* | | | | *Given name/s* | | |
| Address |  | | | |  | | |
| *Street* | | | | *Telephone* | | |
|  | |  | |  | | |
| *City/Town/Suburb* | | *State* | | *Postcode* | | |
| **Application made by:**  The Director for the Office for Ageing Well;  The vulnerable adult;  Another party to the proceedings – full name: | | | | | | | | |
| **Application is for:**  Variation; or  Revocation | | | | | | | | |
| **Details of current order which is sought to be varied or revoked:** | | | | | | | | |
| **Variation sought:** | | | | | | | | |
| **THE GROUNDS OF THIS APPLICATION MUST BE SET OUT IN AN AFFIDAVIT ATTACHED TO THIS APPLICATION.** | | | | | | | | |
| Date APPLICANT | | | | | | | | |
| **Hearing details** | | | Registry | | | | | Date |
| Address | | | | | Time       am/pm |
| Telephone | | Facsimile | | Email Address | |

|  |
| --- |
| **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 |