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 UseDate 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       |

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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       |