Form 31AA

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|  | PRIVATE APPLICATION FOR VARIATION OR REVOCATION OF INTERVENTION ORDER**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Intervention Orders (Prevention of Abuse) Act 2009*Sections 26 and 29P | Court UseDate Filed: |
|  |
| **This document must be served on the respondent(s) personally** |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Details of Person applying to vary or revoke the Intervention Order** |
| Name |       |       |       |
|  | *Surname* | *Given name/s* | *AP Number* |
| **Details of Parties to the Intervention Order** (that is subject to this application) |
| **Defendant** |
| Name |       |       | DOB       |
|  | *Surname* | *Given name/s* | *dd/mm/yyyy* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Protected Person(s)** (provide contact details on Annexure attached) |
| Names  |       |       |       | DOB  |       |
|  | *Surname* | *Given name/s* | *Gender* |  | *dd/mm/yyyy* |
|  |       |       |       | DOB  |       |
|  | *Surname* | *Given name/s* | *Gender* |  | *dd/mm/yyyy* |
|  |       |       |       | DOB  |       |
|  | *Surname* | *Given name/s* | *Gender* |  | *dd/mm/yyyy* |
|  |       |       |       | DOB  |       |
|  | *Surname* | *Given name/s* | *Gender* |  | *dd/mm/yyyy* |
| **Details of the Order** (that is subject to this application) |
| State of Issue:      Order Reference No.:      Date Order Issued:      Court of Issue:       |
| Final or Interim Order? [ ]  Final [ ]  InterimHas the order been served upon or otherwise properly notified to the defendant? [ ]  Yes [ ]  NoIs the Order a Nationally Recognised Domestic Violence Order? [ ]  Yes [ ]  No |
| The following documents must be attached to this application:[ ]  A copy of the Order subject to this application.[ ]  An affidavit outlining the grounds on which this application is sought (including any material change in circumstances since the order was made). |
| **COURT USE ONLY:** Registry checks confirm this is a current and enforceable Domestic Violence Order. Yes [ ]  No: [ ] (not required if police are the applicant) |

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| **You must provide details of the following:**Are you aware of any relevant orders or pending applications under the *Family Law Act 1975* (Cth), between a person or persons proposed to be protected by the order and the defendant? Yes [ ]  No [ ] Are you aware of any relevant orders, agreements, pending applications or contact determinations under the *Children and Young People (Safety) Act 2017*? Yes [ ]  No [ ] Are you aware of any relevant orders or agreements for the division of property under the *Family Law Act 1975* (Cth) or the *Domestic Partners Property Act 1996*, or a corresponding law of another jurisdiction, between a person or persons proposed to be protected by the order and the defendant, or any pending application for such an order? Yes [ ]  No [ ] Are you aware of any other legal proceedings between a person or persons proposed to be protected by the order and the defendant? Yes [ ]  No [ ] If you answered ‘yes’ to any of the questions above, you must provide a copy or details of the order, agreement, pending application, contact determination or proceedings.  |
| The applicant seeks to [ ]  revoke / [ ]  vary the attached order.Details of variation sought:       |
|  |
| [ ]  A related problem gambling order will need to be varied |
|   Date APPLICANT |
| **Hearing details**  | Registry       | Date       |
| Address       | Time       am/pm |
| Telephone       | Facsimile       | Email Address       |
|   Date Justice of the Peace / Registrar |
| **IMPORTANT NOTICE TO THE RESPONDENT(S)**If you do not appear, an order may be made in your absence. |

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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 service effected:       |
| Time of day: Between       am/pm and       am/pm |
| I certify that I served the attached document on the defendant personally. |
| Certified this       day of       20       |

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|  | FORM 31AA ANNEXUREPROTECTED PERSON(S) DETAILS(INTERVENTION ORDER)**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Intervention Orders (Prevention of Abuse) Act 2009*Sections 26 and 29P | Court UseDate Filed: |

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| This annexure should be kept separately from Form 31AA. It must **NOT** be served on the defendant with Form 31AA. Pursuant to r 18.08B it must be stored electronically, separately from the hard file and any hardcopy of the document must be subsequently destroyed. |
| **Applicant/Protected Person Details**  |
| 1. | Name |       |       |       |
| *Surname* | *Given name/s* | *Gender* |
| Address |       |       |       |
| *Street* | *Telephone* | *Facsimile* |
|       |       |       |       |
| *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Preferred method of contact: [ ]  Post [ ]  Telephone [ ]  Fax [ ]  Email  |
| **Protected Person(s) Details**  |
| 2. | Name |       |       |       |
| *Surname* | *Given name/s* | *Gender* |
| Address |       |       |       |
| *Street* | *Telephone* | *Facsimile* |
|       |       |       |       |
| *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Preferred method of contact: [ ]  Post [ ]  Telephone [ ]  Fax [ ]  Email  |
| 3. | Name |       |       |       |
| *Surname* | *Given name/s* | *Gender* |
| Address |       |       |       |
| *Street* | *Telephone* | *Facsimile* |
|       |       |       |       |
| *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Preferred method of contact: [ ]  Post [ ]  Telephone [ ]  Fax [ ]  Email  |
| 4. | Name |       |       |       |
| *Surname* | *Given name/s* | *Gender* |
| Address |       |       |       |
| *Street* | *Telephone* | *Facsimile* |
|       |       |       |       |
| *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Preferred method of contact: [ ]  Post [ ]  Telephone [ ]  Fax [ ]  Email  |
| 5. | Name |       |       |       |
| *Surname* | *Given name/s* | *Gender* |
| Address |       |       |       |
| *Street* | *Telephone* | *Facsimile* |
|       |       |       |       |
| *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Preferred method of contact: [ ]  Post [ ]  Telephone [ ]  Fax [ ]  Email  |
| 6. | Name |       |       |       |
| *Surname* | *Given name/s* | *Gender* |
| Address |       |       |       |
| *Street* | *Telephone* | *Facsimile* |
|       |       |       |       |
| *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Preferred method of contact: [ ]  Post [ ]  Telephone [ ]  Fax [ ]  Email  |