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 Use  Date 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  Interim  Has the order been served upon or otherwise properly notified to the defendant?  Yes  No  Is 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 ANNEXURE  PROTECTED 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 Use  Date 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 | | | | | | |