



**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
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**Details of Parties to the Intervention Order (that is subject to this application)**

**Defendant**

Name	Surname	Given name/s	DOB
			dd/mm/yyyy
Address	Street		Telephone
	City/Town/Suburb	State	Postcode
			Facsimile
			Email Address

**Protected Person(s) (provide contact details on Annexure attached)**

Names	Surname	Given name/s	Gender	DOB	dd/mm/yyyy
	Surname	Given name/s	Gender	DOB	dd/mm/yyyy
	Surname	Given name/s	Gender	DOB	dd/mm/yyyy
	Surname	Given name/s	Gender	DOB	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)

**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

<b>Hearing details</b>	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.





**FORM 31AA ANNEXURE  
PROTECTED PERSON(S) DETAILS  
(INTERVENTION ORDER)**

**Magistrates Court of South Australia**

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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: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> 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: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email					

3.	Name	Surname		Given name/s		Gender
	Address	Street			Telephone	Facsimile
		City/Town/Suburb	State	Postcode	Email Address	
	Preferred method of contact: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email					

4.	Name	Surname		Given name/s		Gender
	Address	Street			Telephone	Facsimile
		City/Town/Suburb	State	Postcode	Email Address	
	Preferred method of contact: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email					

5.	Name	Surname		Given name/s		Gender
	Address	Street			Telephone	Facsimile
		City/Town/Suburb	State	Postcode	Email Address	
	Preferred method of contact: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email					

6.	Name	Surname		Given name/s		Gender
	Address	Street			Telephone	Facsimile
		City/Town/Suburb	State	Postcode	Email Address	
	Preferred method of contact: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email					