Form 31AB

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|  | POLICE APPLICATION FOR INTERIM VARIATION OF FINAL 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*Section 26A | Court UseDate Filed: |
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| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Details of Police Officer applying to vary the Intervention Order** (state rank and number) |
| Name |       |       |       |
|  | *Surname* | *Given name/s* | *AP Number* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Details of Parties to the Originating Intervention Order** (that is subject to this application) |
| **Applicant** (Police applicant state rank and number) (where applicant is a protected person, provide name only) |
| Name |       |       |       |
|  | *Surname* | *Given name/s* | *AP Number* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **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* |

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| **Details of the Final Order to be Varied** (that is subject to this application): |
| State of Issue:      Order Reference No.:      Date of Order:      Court of Issue:       |
| Has the order been served upon or otherwise properly notified to the defendant? [ ]  Yes [ ]  NoIs the Order a Nationally Recognised Domestic Violence Order? [ ]  Yes [ ]  No |
| **Details of variation sought:**       |
| [ ]  A related problem gambling order will need to be varied |
| **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 protected 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 protected 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 protected 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 following documents must be attached to this application:[ ]  A copy of the Order to be varied subject to this application.[ ]  An affidavit outlining the grounds on which this application is sought. |
|   Date APPLICANT |
| **Hearing details**  | Registry       | Date       |
| Address       | Time       am/pm |
| Telephone       | Facsimile       | Email Address       |
|   Date Justice of the Peace / Registrar |

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|  | FORM 31AB 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*Section 26A | Court UseDate Filed: |

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| This annexure should be kept separately from Form 31AB. It must **NOT** be served on the defendant with Form 31AB. 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. |
| **Protected Person(s) 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  |
| 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  |