Form 36

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|  | | PROBLEM GAMBLING 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 24 and the *Problem Gambling Family Protection Orders Act 2004* | | | | | | | | |
|  | | | | | | | | | | |
| **This document must be served on the defendant personally** | | | | | | | | | | |
| Registry |  | | | | | | | File No |  | |
| Address |  | | | | | |  | | |  |
|  | *Street* | | | | | | *Telephone* | | | *Facsimile* |
|  |  | |  | |  | | |  | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | |
| **Defendant** | | | | | | | | | | |
| Name |  | | |  | | | | | | DOB |
|  | *Surname* | | | *Given name/s* | | | | | | *dd/mm/yyyy* |
| Address |  | | | | | | | | | |
|  | *Street* | | | | | | | | | |
|  |  | | | | | | |  | |  |
|  | *City/Town/Suburb* | | | | | | | *State* | | *Postcode* |
| **Applicant** | | | | | | | | | | |
| Name |  | | |  | | | | | | |
|  | *Surname* | | | *Given name/s* | | | | | | |
| Address |  | | | | |  | | | |  |
|  | *Street* | | | | | *Telephone* | | | | *Facsimile* |
|  |  | |  | |  | | |  | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | |
| **An intervention order has been made against the defendant and there is a reasonable apprehension of harm to family members because of problem gambling and this order is appropriate in the circumstances: (note that if this a variation or revocation of an existing order details of that order must be included)** | | | | | | | | | | |
| **Interim Attachment Order**  Insert name:      (the third party) of  has money owing or accruing to the defendant (including money in an ADI account) and it is ordered that this money be retained until further court order. | | | | | | | | | | |
| Date MAGISTRATES COURT | | | | | | | | | | |

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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 |