

APPLICATION TO VARY OR REVOKE A PROBLEM GAMBLING ORDER

Magistrates Court of South Australia

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Intervention Orders (Prevention of Abuse) Act 2009

Court Use

Date Filed:

Registry							File No			
Address	Street 7					Tele	phone	•	Facsimile	
Address	City/To	y/Town/Suburb State			Postcode		Email Address			
Applicant										
Name	Surnar	rname Given name/s								
Address	Street	net				Telephone			Facsimile	
	City/To	City/Town/Suburb State			Postcode		Email Address			
Other Party Affected										
Name	Surnar	rname Given name/s							DOB dd/mm/yyyy	
Address	Street									
Address	City/To	City/Town/Suburb					State		Postcode	
The applicant seeks to \square vary / \square revoke the following Problem Gambling Order:										
File Number: Date of Order:										
Details of variation sought:										
This application will be listed for directions as to service, parties to be joined, and generally.										
		Registry					Date			
Hearing deta	ails	Address					Tir	ne	am/pm	
		Telephone Facsimile				Email Address				
Date						REGISTRAR / JUSTICE OF THE PEACE				