



REQUEST TO REGISTER FOREIGN INTERVENTION ORDER

Magistrates Court of South Australia

www.courts.sa.gov.au

Intervention Orders (Prevention of Abuse) Act 2009

Section 30

Court Use

Date Filed:

| | | | | | | |
|---|------------------|-------|--------------|---------------|-------------------|-------------------|
| Registry | | | | File No | | |
| Address | Street | | Telephone | Facsimile | DX | |
| | City/Town/Suburb | State | Postcode | Email Address | | |
| Defendant | | | | | | |
| Name | Surname | | Given name/s | | DOB dd/mm/yyyy | |
| Address | Street | | | | | |
| | City/Town/Suburb | | State | Postcode | | |
| Applicant (provide contact details on Annexure attached) | | | | | | |
| Name | Surname | | Given name/s | | | |
| 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 |
| Date foreign order made: | | | | | | |
| Date foreign order expires: | | | | | | |
| A certified copy of the foreign order (including proof of service or certificate of proper notification on the defendant) must be attached for registration by the Court. | | | | | | |
| The reasons for requesting registration of the foreign order in South Australia: | | | | | | |
| | | | | | | |
| Identify the relationship between the defendant and the protected person(s) at the time the foreign order was made: | | | | | | |
| | | | | | | |
| Do the protected person(s) wish for the order to be served on the defendant? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Please give reasons for your answer: | | | | | | |
| | | | | | | |

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.

.....
Date

.....
APPLICANT

| | | | |
|------------------------|-----------|-----------|---------------|
| Hearing details | Registry | | Date |
| | Address | | Time am/pm |
| | Telephone | Facsimile | Email Address |

.....
Date

.....
REGISTRAR / JUSTICE OF THE PEACE

The Registrar must obtain a certified copy of the foreign order and details of the next hearing date in the other jurisdiction, where applicable.



**FORM 41 ANNEXURE
PROTECTED PERSON(S) DETAILS
(INTERVENTION ORDER)
Magistrates Court of South Australia**
www.courts.sa.gov.au
Intervention Orders (Prevention of Abuse) Act 2009
Section 30

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|------------------|
| Court Use |
| Date Filed: |

This annexure should be kept separately from Form 41. It must not be served on the defendant with Form 41. Pursuant to r 18.15A it must be stored electronically, separately from the hard file and any hardcopy of the document can 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 | | | | | | |

