Form 46A

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|  | | APPLICATION TO DECLARE  DOMESTIC VIOLENCE ORDER  AS NATIONALLY RECOGNISED  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Intervention Orders (Prevention of Abuse) Act 2009*  Sections 29ZD to 29ZF | | | | | | | | | | | Court Use  Date Filed: | | |
|  | | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | File No | |  | | | | |
| Address |  | | | | | | |  | | | |  | | | |
|  | *Street* | | | | | | | *Telephone* | | | | *Facsimile* | | | |
|  |  | | |  | |  | | |  | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | *Email Address* | | | | | | |
| **Applicant** (who is also named as a protected person in the order or who resides at the same address as a proposed protected person) | | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | | | | |
|  | *Surname* | | | | *Given name/s* | | | | | | | | | | |
| **Police/Third Party Applicant** (Police applicant state rank and number) | | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | |  | | | | |
|  | *Surname* | | | | *Given name/s* | | | | | | *AP Number* | | | | |
| Address |  | | | | | | | | | | | | | | |
|  | *Street* | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | |  | | | |
|  | *City/Town/Suburb* | | | | | | | | *State* | | | *Postcode* | | | |
| **Details of Parties to the 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* | | | | | | | *Gender* | | | | *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 Order** (that is subject to this application) |
| State of Issue:  Order Reference No.:  Date Order Issued:  Court of Issue:  Date Order Expires: |
| Final or Interim Order?  Final  Interim  Has the order been served upon or otherwise properly notified to the defendant?  Yes  No  Has the Order been previously declared as a Nationally Recognised Domestic Violence Order in another Australian State or Territory?  Yes  No |
| If yes, please provide details: |
| Identify the relationship between the defendant and the protected person(s) at the time the order was made:    **A copy of the Domestic Violence Order with Proof of Service of that Order on the Defendant or Certificate of Proper Notification of that Order to the Defendant must be attached to this application.**  Domestic Violence Order is attached:  Yes  Proof of Service or Certificate of Proper Notification to the Defendant is attached:  Yes |
| **COURT USE ONLY:** Registry checks confirm this is a current and enforceable Domestic Violence Order which has been served upon or otherwise properly notified to the Defendant: Yes  No:  (not required if police are the applicant) |
| **If the Domestic Violence Order does not clearly state that it addresses a domestic violence concern, provide reasons why it should be declared** (attach supporting documentation if appropriate): |
| **Do you consent to the order being served on the defendant?** Yes  No  **Please provide reasons for your answer:** |
| Date APPLICANT |

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| COURT USE ONLY:  **IN CHAMBERS APPLICATION**  Having considered the application, the Court:  Determines the attached South Australian general violence order addresses a domestic violence concern (s 29ZF) and, accordingly, declares the Order to be a Recognised Domestic Violence Order (s 29ZD).  Notice of this declaration is to be served on the defendant:  Yes  No  (*Note: pursuant to s 29ZD(7) notice of a declaration is not to be served on the defendant unless the applicant consents to service.)*  **OR**  Declares the attached Domestic Violence Order made in a participating jurisdiction to be a Recognised Domestic Violence Order (s 29ZD).  Notice of this declaration is to be served on the defendant:  Yes  No  (*Note: pursuant to s 29ZD(7) notice of a declaration is not to be served on the defendant unless the applicant consents to service.)*  **OR**  Requests the Registry obtains the following further information from the applicant. (Please list) | | | | |
| **OR**  Requests the Registry list the application for hearing and advise the applicant they will be required to attend court to provide further information.  **OR**  Application refused.  Brief Reasons | | | | |
| Date MAGISTRATE | | | | |
| **Hearing details** | Registry | | | Date |
| Address | | | Time       am/pm |
| Telephone | Facsimile | Email Address | |
| Date Justice of the Peace / Registrar | | | | |

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|  | FORM 46A ANNEXURE  PROTECTED PERSON(S) DETAILS  (APPLICATION TO DECLARE DOMESTIC VIOLENCE ORDER AS NATIONALLY RECOGNISED)  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Intervention Orders (Prevention of Abuse) Act 2009*  Sections 29ZD to 29ZF | Court Use  Date Filed: |

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| This annexure should be kept separately from Form 46A. It must not be served on the defendant with Form 46A. Pursuant to r 18.31 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 | | | | | | |