



APPLICATION TO DECLARE
DOMESTIC VIOLENCE ORDER
AS NATIONALLY RECOGNISED
Magistrates Court of South Australia

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	Surname		Given name/s		Gender	DOB dd/mm/yyyy	
Address	Street			Telephone		Facsimile	
	City/Town/Suburb		State	Postcode	Email Address		
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

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

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



**FORM 46A ANNEXURE
PROTECTED PERSON(S) DETAILS
(APPLICATION TO DECLARE DOMESTIC
VIOLENCE ORDER AS NATIONALLY
RECOGNISED)**

Magistrates Court of South Australia

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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: <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email					
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					

