Form 47

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | APPLICATION FOR A CONTROL ORDER **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Child Sex Offenders Registration Act 2006*  Section 66JA(1) | | | | | | | | | | | Court Use  Date Filed:  Date Posted:  Service on Commissioner of Police: | |
|  | | | | | | | | | | | | | | | |
| AP Number |  | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | File No | |  | | | |
| Address |  | | | | | | |  | | | | |  | | |
|  | *Street* | | | | | | | *Telephone* | | | | | *Facsimile* | | |
|  |  | | | |  |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | | *State* | *Postcode* | | | | *Email Address* | | | | | |
| **Applicant** | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | |
| Address |  | | | | | |  | | | | | |  | | |
|  | *Street* | | | | | | *Telephone* | | | | | | *Facsimile* | | |
|  |  | | | |  |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | | *State* | *Postcode* | | | | *Email Address* | | | | | |
| Rank and ID No. | |  | | | | | | | | | | | | | |
| **Registrable Offender** | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | DOB | |  |
|  |  | | | | | | | | | | | |  | | *dd/mm/yyyy* |
| Address |  | | | | | |  | | | | | |  | | |
|  | *Street* | | | | | | *Telephone* | | | | | | *Facsimile* | | |
|  |  | | | |  |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | | *State* | *Postcode* | | | | *Email Address* | | | | | |
| **Grounds of Application:**  I make an application for a control order on the basis that | | | | | | | | | | | | | | | |
| **Details of order applied for:** | | | | | | | | | | | | | | | |
| Date THE COMMISSIONER OF POLICE | | | | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | | Date | | | | |
|  | | Address | | | | | | | | | Time       am/pm | | | | |
|  | | Telephone | | Facsimile | | | | | Email Address | | | | | | |
| **IMPORTANT NOTICE TO REGISTRAR**  A copy of this application must be served on the Commissioner of Police. | | | | | | | | | | | | | | | |
| **IMPORTANT NOTICE TO THE COMMISSIONER OF POLICE**  The Commissioner of Police must serve this application on the registrable offender personally. | | | | | | | | | | | | | | | |
| **IMPORTANT NOTICE TO THE REGISTRABLE OFFENDER**  If you do not attend on the hearing date, or any adjourned hearing date, orders may be made in your absence. | | | | | | | | | | | | | | | |

**AFFIDAVIT OF PROOF OF SERVICE**

|  |  |  |
| --- | --- | --- |
| I,       of | | |
| Occupation: |  | |
| MAKE OATH AND SAY that: | | |
| I did on the       day of       20     , between the hours of       and       duly serve the  within named       with this application, by delivering a sealed copy thereof to him/her personally at (state the address)  in the State of South Australia | | |
| SWORN before me at  on the       day of       20  Signature  (Person authorised to take Affidavits)  (e.g. Justice of the Peace) | | SERVER |