



CONTROL ORDER

Magistrates Court of South Australia

www.courts.sa.gov.au

Child Sex Offenders Registration Act 2006

Section 66JA(1)

AP Number					
Registry				File No	
Address	<i>Street</i>		<i>Telephone</i>		<i>Facsimile</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>	<i>Email Address</i>	
Applicant					
Full Name					
Address	<i>Street</i>		<i>Telephone</i>		<i>Facsimile</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>	<i>Email Address</i>	
Rank and ID No.					
Registrable Offender					
Full Name				DOB	<i>dd/mm/yyyy</i>
Address	<i>Street</i>		<i>Telephone</i>		<i>Facsimile</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i>	<i>Email Address</i>	
Order made:					
The Court is satisfied that it was appropriate in all the circumstances to make this order to ensure that the risk that you pose to the safety and wellbeing of any child or children is reduced.					
Details of control order:					
The defendant must not:					
<input type="checkbox"/> associate with, or communicate with:					
Name		Date of birth			
Name		Date of birth			
Name		Date of birth			
<input type="checkbox"/> associate with, or communicate with persons of a specified class, namely:					
<input type="checkbox"/> enter or be within metres of the boundary of the following locations:					
Address					
Address					
Address					
<input type="checkbox"/> undertake the following types of employment:					
Occupation					
Occupation					
Occupation					
<input type="checkbox"/> engage in other types of conduct, namely:					

Duration of order:

The order will remain in force for the period of from the date of the order.

.....
Date

.....
MAGISTRATES COURT

IMPORTANT NOTICE TO THE COMMISSIONER OF POLICE

If the registrable offender was not in Court when this order was made, the Commissioner of Police must serve this document on the registrable offender personally.

IMPORTANT NOTICE TO THE REGISTRABLE OFFENDER

A person who contravenes or fails to comply with a control order is guilty of an offence. The maximum penalty is imprisonment for 5 years.

If you do not appear, an order 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 order, 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