Form 80

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | APPLICATION FOR SPECIAL ARRANGEMENTS  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Evidence Act 1929*  Section 13A | | | | | | | | | Court Use  Date Filed: |
|  | | | | | | | | | | | |
| Registry |  | | | | | | | File No |  | | |
| Address |  | | | | | |  | | |  | |
|  | *Street* | | | | | | *Telephone* | | | *Facsimile* | |
|  |  | |  | |  | | |  | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | | |
| **Applicant** | | | | | | | | | | | |
| Name |  | | |  | | | | | | DOB | |
|  | *Surname* | | | *Given name/s* | | | | | | *dd/mm/yyyy* | |
| Address |  | | | | |  | | | |  | |
|  | *Street* | | | | | *Telephone* | | | | *ID Number* | |
|  |  | |  | |  | | |  | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | | |
| **Respondent(s)** | | | | | | | | | | | |
| Name |  | | |  | | | | | | DOB | |
|  | *Surname* | | | *Given name/s* | | | | | | *dd/mm/yyyy* | |
| Address |  | | | | |  | | | |  | |
|  | *Street* | | | | | *Telephone* | | | | *ID Number* | |
|  |  | |  | |  | | |  | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | | |
| **Details of witness including nature of vulnerability:** | | | | | | | | | | | |
| **Special arrangements sought:** | | | | | | | | | | | |
| Date Applicant | | | | | | | | | | | |
| State whether Applicant is an Informant or Defendant: | | | | | | | | | | | |

**(Details of the hearing are on the next page)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hearing date** | Registry | | | Date |
| Address | | | Time       am/pm |
| Telephone | Facsimile | Email Address | |
| Date MAGISTRATES COURT | | | | |
| **IMPORTANT NOTICE TO THE RESPONDENT(S)**  If you are of the opinion that there should not be special arrangements made for the above witness, you must file a Notice of Objection (Form 81) in the Court within 14 days of being served with this application. | | | | |

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| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| I certify that I have served a copy of this notice on the respondent(s) within 14 days of it being filed in court. |
| Certified this       day of       20 |