Form 32

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|  | APPLICATION TO VARY OR REVOKE RESTRAINING ORDER**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Summary Procedure Act 1921*Section 99F | Court UseDate Filed: |
|  |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Defendant** |
| Name |       |       | DOB       |
|  | *Surname* | *Given name/s* | *dd/mm/yyyy* |
| Address |       |       |
|  | *Street* | *Telephone* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Informant** |
| Name |       |       |        |
|  | *Surname* | *Given name/s* | *Informant’s reference / relationship to child* |
| Rank |       | ID No |       |
| Address |       |
|  | *Street* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Application made by:**[ ]  Informant;[ ]  Defendant; [ ]  Person for whose benefit the order was made; or[ ]  Parent or guardian of the child for whom the order was made. |
| **Details of current order which is sought to be varied or revoked:** |
| **Variation sought:** |
|   Date APPLICANT |

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

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| **Hearing details**  | Registry       | Date       |
| Address       | Time       am/pm |
| Telephone       | Facsimile       | Email Address       |
|   Date MAGISTRATES COURT |
| **IMPORTANT NOTICES TO THE DEFENDANT AND INFORMANT*** You must obtain leave from the Court before making this application. To do this you must show that there has been a substantial change in the relevant circumstances since the order was made or last varied.
* You must also file an affidavit setting out details of the change.
* If you do not appear an order may be made in your absence.
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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/pmMethod of service (tick box)[ ]  by prepaid post;[ ]  any other method permitted by the Rules – specify:       |
| I certify that I served the attached document in the manner described. |
| Certified this       day of       20       |