To be inserted by Court
Case Number:
Date Filed:
FDN:
Hearing Date and Time:
Hearing Location: 75 Wright Street Adelaide
ORIGINATING APPLICATION - CARE AND PROTECTION ORDER
Children and Young People (Safety) Act 2017 s 53(1)
YOUTH COURT OF SOUTH AUSTRALIA CARE AND PROTECTION JURISDICTION
Specify the FULL NAME of each party. Include a party number if more than one party of the same type. Add additional parties as required.
CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION
Applicant
AND
Parent/Guardian 1
Parent/Guardian 2
Child 1 (DOB:)
Child 2 (DOB:)
Child 3 (DOB:)
Other Party

Instructions:

Please fill in all of the details requested in this form.

If any details of a party are unknown, indicate 'Unknown' in the appropriate box.

If a party is deceased, please indicate their full name with the word 'Deceased' in brackets after their name.

Duplicate the relevant details box for multiple parties of the same type.

For boxes '[]', mark 'X' in the appropriate box.

To the lodging party: WARNING

It is intended that this document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, mark this information as 'Withheld' and provide these details to the Youth Court Registry via a separate form.

Pre-Action Steps
Has a Family Group Conference taken place? Yes [] No []
Does section 59(2) apply? Yes [] No []
Has an Instrument of Guardianship or Restraining Notice been lodged? Yes [] No []
Has the child/children been removed? Yes [] No []

Child the subject of this Application		
Child		
	Full Name	
Date of Birth		
	Day - Month - Year	
Ethnicity	Is the Child an Aboriginal or Torres Strait Islander? [] Yes [] Aboriginal [] Torres Strait Islander [] Both [] No	
	[] (Other – please specify)	

Add additional child/children if required

Filed by the Applicant				
Applicant	THE CHIEF EXECU	TIVE OF THE DEPARTI	MENT FOR CHILD P	ROTECTION
Name of Law Firm and Solicitor	Crown Solicitor's Offi	ice, Public Law Section		
Address for Service	Law Firm		Solicitor	
Address for Service	Level 17, 10 Franklin Street Street Address (including unit or level number and name of property if required)			
	Adelaide City/town/suburb	SA State	5000 Postcode	Country

	childprotection@sa.g	<u>jov.au</u>		
Phone Details	Email address			
	Office - 8207 1510			
	Type - Number			
Parent/Guardian 1 of [Inse	ert name of child/chile	dren1		
_				
Full Name				
	Full Name			
Date of Birth				
	Day-Month-Year			
Address				
	Street Address (including unit o	r level number and name of proper	ty if required)	1
	City/town/suburb	State	Postcode	Country
Dhana Dataila	Email address			
Phone Details				
	Type - Number			
Parent/Guardian 2 of [Inse	ert name of child/child	dren]		
	T			
Full Name				
D ((B) (I	Full Name			
Date of Birth				
A dalago	Day-Month-Year			
Address				
	Street Address (including unit or	r level number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
Thore Details				
	Type - Number			
Other Party				
	<u>, </u>			
Full Name				
	Full Name			
Address				
	Street Address (including unit o	r level number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
DI D : "	Email address			
Phone Details				

Application Details

This Application is made for orders under the Children and Young People (Safety) Act 2017.

The Applicant seeks the following orders:		
(Tick th	ne relevant boxes below and provide the orders sought in full below)	
	That a party enter into a written undertaking (not exceeding 12 months)	Section 53(1)(a)
	in the following terms	
	1.	
	2.	
_	3.	0(
	Examination and assessment of the child/ren	Section 53(1)(b)
	Assessment of the parent/guardian	Section 53(1)(c)
	Order preventing the removal of the child/ren from the State	Section 53(1)(d)
	Guardianship order not exceeding 12 months	Section 53(1)(e) and/or (f)
	Guardianship order until the child/ren attain/s 18 years of age	Section 53(1)(g) and/or (h)
	Custody order not exceeding 12 months	Section 53(1)(i)
	Order granting custody to the Chief Executive	Section 53(1)(j)
	Order to refrain	Section 53(1)(k)
	Order to revoke an instrument of guardianship or restraining notice	Section 53(1)(I)
	Consequential or ancillary orders	Section 53(1)(m)
	The Instrument of Guardianship dated [date] be varied	Section 45(6)
	The Instrument of Guardianship dated [date] be extended	Section 47
	The Restraining Notice dated [date] be extended	Section 47
	[Other orders sought – e.g. the Application dated [date] is amended]	
Set ou	t orders sought in separately numbered paragraphs	
This Ap	oplication is made on the grounds set out in:	
[]t	he accompanying Affidavit sworn by [full name] on the day of 20 .	
[] t	he accompanying report by [name] dated [Day-Month-Year].	
[] t	he accompanying document being [document description].	
	ds of Application e in separately numbered paragraphs and attach additional pages if	necessary).

To the other parties: WARNING

The Applicant has applied for orders set out in this Application.

The facts that support this Application are set out in the accompanying documentation.

This Application will be considered at the hearing at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it:

- you **must attend the hearing** and **you may be required to file a Response** at a later stage.

If you do not attend the Court hearing, orders may be made without further warning.

Service		
[] It is inte	ended to serve this Application on all other parties.
[] It is not intended to serve this Application on the following parties: [list names]		intended to serve this Application on the following parties: [list names]
	becau	use [reasons]
Th:a		t would be comised in accordance with legislation and the Dules of Count

inis	document must be served in accordance with legislation and the Rules of Court.	
Accompanying Documents		
Acco	ompanying service of this Application is a:	
[] Supporting Affidavit (optional)	
[] If other additional document(s) please list them below:	