

**Form CP2 Application to Vary, Revoke or Discharge Care and Protection Order**  
Form CP2

To be inserted by Court

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:**

**Hearing Location:**  
75 Wright Street Adelaide

**APPLICATION TO [VARY/REVOKE/DISCHARGE] CARE AND PROTECTION ORDER**

YOUTH COURT OF SOUTH AUSTRALIA  
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

Please specify the Full Name for each party. Each party should include a party number if more than one party of the same type.

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

<b>Child the subject of this Application</b> (Please duplicate box if multiple children)	
Child	Full Name
Date of birth	Date of Birth
Ethnicity	Ethnicity

Duplicate panel if multiple children

<b>Filed by the Applicant</b>					
Applicant	Full Name				
Party Title	<input type="checkbox"/> Chief Executive/Minister Mandatory for Application to Discharge <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other Party  Mark appropriate section with an 'x'				
Name of law firm / solicitor If any	<table border="1"> <tr> <td>Law Firm</td> <td>Solicitor</td> </tr> </table>	Law Firm	Solicitor		
Law Firm	Solicitor				
Address for service	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

<b>Parent/Guardian 1</b>					
Full Name	Full Name				
Date of Birth	Day-Month-Year				
Address	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

Parent/Guardian 2			
Full Name	Full Name		
Date of Birth	Day-Month-Year		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details	Type - Number		

Other Party			
Full Name	Full Name		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details	Type - Number		

Duplicate panel if multiple other parties

Application Details
Mark appropriate sections below with an 'x'
This Application is for Nature of Application in one sentence
The original order was made on [date].
This Application is made to: <input type="checkbox"/> s 55(1) – Vary or revoke an order under s 53 <input type="checkbox"/> s 55(2) – Discharge an order under s 53 under the <i>Children and Young People (Safety) Act 2017</i> .
<b>The Applicant seeks the following orders:</b>
<input type="checkbox"/> The Care and Protection order dated [date] be discharged (Only applicable if the Applicant is the Chief Executive/Minister).
<input type="checkbox"/> The Care and Protection order dated [date] be revoked in its entirety.
<input type="checkbox"/> The Care and Protection order dated [date] be varied to [variations sought].
<input type="checkbox"/> [Other orders sought in separately numbered paragraphs]

- 1.
- 2.
- 3.

This Application is made on the grounds set out in:

[ ] set out in the Application below.

[ ] set out in the accompanying Affidavit sworn by [full name] on the day of 20 .

[ ] set out in the report attached.

### Grounds and Particulars of Application

Outline each of the grounds of the Application together with the Particulars of the factual allegations for each ground:

Please outline in separately numbered paragraphs and attach additional pages if necessary.

- 1.
- 2.
- 3.

### To the lodging party: WARNING

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, please mark this information as **'Withheld'** and provide those details to the Youth Court Registry separately.

### 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:

- 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**

Mark appropriate section below with an 'x'

- It is intended to serve this Application on all other parties.
- It is not intended to serve this Application on the following parties: *[list names]*

because *[reasons]*

**Accompanying Documents**

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

- Supporting Affidavit (optional)
- If other additional document(s) please list them below:

**Signature of Applicant/Applicant's Solicitor:**

.....  
Signature

.....  
Name (Please print)

.....  
Date