

**Form CP3 Notice of Lodgement of Instrument**

Form CP3

<p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
<p><b>Hearing Date and Time:</b></p> <p><b>Hearing Location:</b> 75 Wright Street Adelaide</p>

**NOTICE OF LODGEMENT OF INSTRUMENT OF GUARDIANSHIP/RESTRAINING NOTICE  
WITH THE COURT**

YOUTH COURT OF SOUTH AUSTRALIA  
CARE AND PROTECTION JURISDICTION

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

Please specify the Full Name including capacity 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)	
Name	Full Name
Date of birth	Date of birth
Ethnicity	Ethnicity

Duplicate panel if multiple children

<b>Person subject to the qualifying offence:</b>				
Full Name				
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
City/town/suburb	State	Postcode	Country	
Phone Details	Type - Number			

<b>Filed by the Applicant</b>					
Full Name	The Chief Executive of the Department for Child Protection				
Name of law firm / office	Crown Solicitor's Office, Public Law Section				
Address for service	Level 17, 10 Franklin Street Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>Adelaide City/town/suburb</td> <td>SA State</td> <td>5000 Postcode</td> <td>Australia Country</td> </tr> </table>	Adelaide City/town/suburb	SA State	5000 Postcode	Australia Country
	Adelaide City/town/suburb	SA State	5000 Postcode	Australia Country	
<a href="mailto:childprotection@sa.gov.au">childprotection@sa.gov.au</a> Email address					
Phone Details	8207 1510 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				

<b>Parent/Guardian 2</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)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details	Type - Number		

<b>Other Party</b>			
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

<b>Proceeding Details</b>
Mark appropriate sections below with an 'x'
<b>Matter Type:</b>
<input type="checkbox"/> An Instrument of Guardianship is lodged with the Court under section 45(4)(b) of the <i>Children and Young Person (Safety) Act 2017</i> .
<input type="checkbox"/> A Restraining Notice is lodged with the Court under section 46(4)(b) of the <i>Children and Young Person (Safety) Act 2017</i> .

<b>Service</b>
This notice must be served on the offender in accordance with the Rules of Court/legislation unless the Rules or legislation provide otherwise.