

REQUEST TO REGISTER FOREIGN INTERVENTION ORDER

Youth Court of South Australia

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Intervention Orders (Prevention of Abuse) Act 2009 Section 30 Court Use

Date Filed:

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Surname			Giver	Given name/s			DOB dd/mm/yyyy		
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Surname	Given name/s			Gende	er	DOB	dd/mm/yyyy		
Date foreign order made: Date foreign order expires: A certified copy of the foreign order (including proof of service or certificate of proper notification on the Youth) must be attached for registration by the Court.									
The reasons for requesting registration of the foreign order in South Australia:									
Identify the relationship between the Youth and the protected person(s) at the time the foreign order was made:									
Do the protected person(s) wish for the order to be served on the Youth? Yes No Please give reasons for your answer:									
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Do you wish for the order to be varied? If yes, please specify the terms you wish	Yes ☐ to vary?	No 🗌		
Is an affidavit in Form 45Y attached outlin	ning the reaso	ns for the variation?	Yes 🗌	No 🗌
IMPORTANT NOTICE Please note if you apply to vary the order the heard.	Youth will be	given notice of the applica	ation and will	be given a right to be

You must provide details of the following:								
Are you aware of any relevant orders or pending applications under the <i>Family Law Act 1975</i> (Cth), between a person or persons proposed to be protected by the order and the Youth?								
Yes ∐ N	Yes No No							
and Young People	Are you aware of any relevant orders, agreements, pending applications or contact determinations under the <i>Children</i> and <i>Young People (Safety) Act 2017</i> ? Yes No No							
Are you aware of any relevant orders or agreements for the division of property under the <i>Family Law Act 1975</i> (Cth) or the <i>Domestic Partners Property Act 1996</i> , or a corresponding law of another jurisdiction, between a person or persons proposed to be protected by the order and the Youth, or any pending application for such an order? Yes \(\subseteq \text{No} \subseteq \)								
Are you aware of any other legal proceedings between a person or persons proposed to be protected by the order and the Youth?								
Yes 🗌 N	o 🗌							
If you answered 'yes' to any of the questions above, you must provide a copy or details of the order, agreement, pending application, contact determination or proceedings.								
Date APPLICANT								
	Date							
	Registry			Date				
Hearing details	Address			Time	am/pm			
	Telephone	Facsimile	Email Address					
	Date	* Int * Me	erstate Reg	e South Australian Polic	e Force			
*(strike out whichever is not applicable) * A person for whose benefit the foreign order was made								
The Registrar must obtain a certified copy of the foreign order and details of the next hearing date in the other jurisdiction, where applicable.								



FORM 41Y ANNEXURE PROTECTED PERSON(S) DETAILS (INTERVENTION ORDER)

Youth Court of South Australia

www.courts.sa.gov.au

Intervention Orders (Prevention of Abuse) Act 2009 Section 30

This annexure should be kept separately from Form 41. It must not be served on the Youth with Form 41. Pursuant to

Court Use

Date Filed:

					d by the Youth CourT) document can be sub			
Applica	nt/Protec	ted Person Details						
1.	Name	Surname		Given nam	ne/s		Gender	
	Address	Street			Telephone		Facsimile	
		City/Town/Suburb	State		Postcode		Email Address	
	Preferred method of contact: Post			Telephone			Email	
Protect	ed Persor	n(s) Details						
2.	Name	Surname		Given nam	ne/s		Gender	
	Address	Street			Telephone	,	Facsimile	
		City/Town/Suburb	State		Postcode		Email Address	
	Preferred	method of contact:	Post	Telepho			Email	
2	Name	Surname		Given nam	ne/s		Gender	
	Address	Street			Telephone		Facsimile	
		City/Town/Suburb	State		Postcode		Email Address	
	Preferred	eferred method of contact: Post			one	□ E	mail	
	Name	Surname		Given nam	ne/s		Gender	
4.	Address -	Street			Telephone		Facsimile	
		City/Town/Suburb	State		Postcode	•	Email Address	
	Preferred	method of contact:	Post	Telepho	one	□ E	mail	
5. 6.	Name	Surname		Given nam	ne/s		Gender	
	City/1	Street			Telephone		Facsimile	
		City/Town/Suburb	State	· · ·	Postcode		Email Address	
	Preferred method of contact: Post			Telephone			mail	
	Name Surname			Given nam	ne/s	1	Gender	
	Address -	Street			Telephone		Facsimile	
	Preferred	City/Town/Suburb method of contact:	State Post	Telepho	<i>Postcode</i> one ☐ Fax		Email Address	
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