

# Form YTO1 Application for a Youth Treatment Order

Form YTO1

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:**

**Hearing Location:**

75 Wright Street Adelaide

## **ORIGINATING APPLICATION FOR A YOUTH [ASSESSMENT / TREATMENT / DETENTION] ORDER (Controlled Substances Act 1984 Part 7A)**

YOUTH COURT OF SOUTH AUSTRALIA  
GENERAL JURISDICTION

IN THE MATTER OF

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

Applicant 1

Only displayed if applicable

Applicant 2

Child

**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.

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

An Affidavit must be filed with this Application.

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

**Application type:**

This Application is made under Part 7A of the *Controlled Substances Act 1984*.

**Other Proceedings Involving the Child:**

Are there currently any proceedings before the Youth Court involving the Child?

Yes  No

If Yes, please select the relevant proceedings below:

- Criminal
- Care and Protection
- Adoption/Surrogacy
- Family Conference / Family Group Conference

**Under what circumstances is the child detained in a training centre?**

- Sentence of Detention
- Remand

What is the child's release date?

\_\_\_\_\_  
*dd/mm/yyyy*

**Guardianship of the Child:**

Is the child currently in the custody or under the guardianship of the Chief Executive of the Department for Child Protection?

- Yes
- No

<b>Applicant</b>			
Name of Applicant	<b>Full Name</b>		
What type of party are you?	<input type="checkbox"/> Individual <input type="checkbox"/> Organisation <input type="checkbox"/> Regular Party		
	If you are a regular party, provide your Regular Party Id:		
Name of Law Firm and Solicitor <small>If any</small>	<b>Law Firm</b>	<b>Solicitor</b>	
L code:			
P code:			
Residential Address <small>(Leave blank if the Applicant is the Chief Executive or an agency worker)</small>			
Address for Service	<b>Street Address (including unit or level number and name of property if required)</b>		
	<b>City/town/suburb</b>	<b>State</b>	<b>Postcode</b>
	<b>Country</b>		
	<b>Email address</b>		
Phone Details	<b>Type - Number</b>		
The applicant's relationship to the child	Tick one that is applicable: <ul style="list-style-type: none"> <li><input type="checkbox"/> Family member of the relevant child (s 54C(c)(i))</li> <li><input type="checkbox"/> Person holding or acting in the office of Public Advocate under the <i>Guardianship and Administration Act 1993</i> (s 54C(c)(ii))</li> <li><input type="checkbox"/> Officer of the Attorney-General's Department (s 54C(c)(iii))</li> <li><input type="checkbox"/> Chief Executive of the administrative unit of the Public Service as specified in the Act (s 54C(c)(iv))</li> <li><input type="checkbox"/> Medical practitioner providing treatment to the relevant child in relation to the child's use of controlled drugs (s 54C(c)(v))</li> <li><input type="checkbox"/> Person who has a proper interest (s 54C(c)(vi))</li> </ul>		
	If there are proceedings before the Court in which the relevant child is being prosecuted for an offence: <ul style="list-style-type: none"> <li><input type="checkbox"/> Person authorised by the Director of Public Prosecutions to make such an application (s 54C(a))</li> <li><input type="checkbox"/> Person authorised by the Commissioner of Police to make such an application (s 54C(a))</li> </ul>		
	If there are proceedings before the Court under child protection law relating to the relevant child: <ul style="list-style-type: none"> <li><input type="checkbox"/> The relevant Chief Executive as specified in the Act (s 54C(b))</li> </ul>		

<b>Child</b>			
Name of Child	Full Name		
Name of Law Firm and Solicitor <small>if any</small>	Law Firm	Solicitor	
Date of Birth	Date-Month-Year		
Place of Birth			
Gender:			
Ethnicity:			
Residential Address			
Address for Service	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		

**Orders Sought:**

The Applicant seeks the following Order(s):

**(Note:** The applicant cannot apply for multiple orders at once. An Application for a Treatment Order can be lodged with the Court following the making of an Assessment Order. The applicant can apply for a separate detention order following the making of an Assessment or Treatment Order if the child has failed to comply with that order or the Court is satisfied that the child is likely that the child will fail to comply with that order)

- Assessment Order (s 54B(1)(a))
- Treatment Order (s 54B(1)(b))
- Detention Order (s 54B(1)(c))
- Consequential or Ancillary Order (s 54B(1)(d))

If seeking a Treatment Order, please provide the original file number of the Application for an Assessment Order:

If seeking a Detention Order, please provide the original file number of the Application for an Assessment Order or Treatment Order:

**Grounds of application**

**(Outline in separately numbered paragraphs and attach additional pages if necessary. If the application is for a Detention Order, please provide the proposed dates and times for treatment.)**

- 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 Child: WARNING**

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

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.

### Accompanying Documents

Accompanying service of this Application is a:

- Supporting Affidavit (required)
- Statement of Rights (required) (located on the CAA website: [www.courts.sa.gov.au](http://www.courts.sa.gov.au))
- If other additional document(s) (e.g. medical reports) list below:

### Service

- 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]*

This document must be served in accordance with legislation and the Rules of Court.

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

.....  
Signature

.....  
Name (Please print)

.....  
Date