

# Form YTO2 Application to Vary or Revoke Order

Form YTO2

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:**

**Hearing Location:**

75 Wright Street Adelaide

## **APPLICATION TO VARY OR REVOKE 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 if more than one party of the same type.

Applicant

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.

**Filed by Applicant**

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>
	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:		
	<input type="checkbox"/> Family member of the relevant child (s 54C(c)(i)) <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)) <input type="checkbox"/> Officer of the Attorney-General's Department (s 54C(c)(iii)) <input type="checkbox"/> Chief Executive of the administrative unit of the Public Service as specified in the Act (s 54C(c)(iv)) <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)) <input type="checkbox"/> Person who has a proper interest (s 54C(c)(vi))		
	If there are proceedings before the Court in which the relevant child is being prosecuted for an offence:		
	<input type="checkbox"/> Person authorised by the Director of Public Prosecutions to make such an application (s 54C(a)) <input type="checkbox"/> Person authorised by the Commissioner of Police to make such an application (s 54C(a))		
If there are proceedings before the Court under child protection law relating to the relevant child:			
<input type="checkbox"/> The relevant Chief Executive as specified in the Act (s 54C(b))			

<b>Child</b>			
Name of Child	Full Name		
Date of Birth	Date-Month-Year		
Name of Law Firm and Solicitor <small>If any</small>	Law Firm	Solicitor	
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		

**Application type:**

What type of order is the child currently subject to?

- Assessment Order
- Treatment Order
- Detention Order
- Consequential or Ancillary Order

**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

**This Application is made under the *Controlled Substances Act 1984* section 54F to:**

- Vary the following 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))

made in relation to the child named in the original Application by the Youth Court on [date].  
Provide original court file number you wish to vary:

OR:

- Revoke the following 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))

made in relation to the child named in the original Application by the Youth Court on [date].  
Provide original court file number you wish to revoke:

**Grounds of application:**

Outline in separately numbered paragraphs and attach additional pages if necessary.

1.

- 2.
- 3.

**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