

Form YTO2A Application to Vary or Revoke Order by a Child

Form YTO2A

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 BY A CHILD *(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.

Child

Respondent

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.

Child

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		

Respondent

Name of Respondent	Full Name		
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:

Is the child currently detained under a detention order?

- Yes
 No

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 how there has been a substantial change in the circumstances since the making of the order 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)
- [] 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 Child/Child's Solicitor:

.....

Signature

.....

Name (Please print)

.....

Date