

Form YTO3 Interlocutory Application

Form YTO3

Case Number:

Date Filed:

Hearing Date and Time:

Hearing Location:

75 Wright Street Adelaide

INTERLOCUTORY APPLICATION *(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 1

Only displayed if applicable

Applicant 2

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.

Filed by the [Party title]

Party Role	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		
Relationship to the Child	<p>Please tick all that are applicable:</p> <ul style="list-style-type: none"> <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)) <p>If there are proceedings before the Court in which the relevant child is being prosecuted for an offence:</p> <ul style="list-style-type: none"> <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)) <p>If there are proceedings before the Court under child protection law relating to the relevant child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The relevant Chief Executive as specified in the Act (s 54C(b)) 		

Respondent			
Name of Respondent	Full Name		
Date of Birth	Date-Month-Year		
Name of Law Firm and Solicitor <i>If any</i>	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 Details:

This Application is for:
(Nature of Application in one sentence)

The abovenamed Party seeks the following orders:
Orders sought in separately numbered paragraphs:

- 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 Respondent: 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.

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.

Accompanying Documents

The following documents are attached to this Application:

- 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) please list below:

Signature of Applicant/Applicant's Solicitor:

.....

Signature

.....

Name (Please print)

.....

Date