To be inserted by Court
Case Number:
Date Filed:
FDN:
Hearing Date and Time:
Hearing Location:

## ORIGINATING APPLICATION – AGEING AND ADULT SAFEGUARDING ORDER (INTERIM ORDER SOUGHT)

MAGISTRATES COURT OF SOUTH AUSTRALIA SPECIAL STATUTORY JURISDICTION

Director of the Office for Ageing Well Applicant

## [FULL NAME] Respondent

Applicant	Director of the Office for Ageing Well			
	Full Name			
Name of law firm/solicitor				
	Law Firm		Responsible 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 (eg. home; work; mobile) - Number		Another number (optional)	

Duplicate panel if multiple Respondents				
Respondent				
Address	Full Name			
/ tadi cos				
	Street Address (including unit or	level number and name of proper	rty if required)	T
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
There Betails				
	Type (eg. home; work; mobile) - N	lumber	Another number (optional)	
Only complete if applicable otherwise delete Duplicate panel if multiple Interested Parties				
Interested Party				
	Full Name			
Address	Full Name			
1 100.000				
	Street Address (including unit or	level number and name of proper	rty if required)	-
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Linaii addie55			
	Type (eg. home; work; mobile) – N	lumber	Another number (optional)	_
Application Details				
Matter type:				
This Application is for:				
□ an order [authorising/	requiring solost one an	[evamination/assessr	ment] select one of a spec	cified kind of the
Respondent. section 33(1)(a)		[exammation/accoor	nong select one of a spec	Silica Kilia of the
		loinal solostono a specifi	ed thing, in respect of the	Respondent section
33(1)(b)	con to do ron am nom a	omg selections a opcom	ou amig, miroopoot or tho	1 tooportaorit. section
☐ an order authorising [ta	he Adult Safeguarding	Unit/the Director/an	authorised officer] select one	to take specified
action where the Respo	ondent has refused to co	onsent to the taking o	f the action. section 33(1)(c)	
☐ [Enter other].				
This Application is made ur	nder section 31(1) of the	Ageing and Adult Sa	afeguarding Act 1995.	
The Applicant seeks the fol Enter orders sought in separately numbers	_			
	eu paragrapris.			
☐ An order requiring				
1	[description of assessr	_		
☐ ☐ [Enter full name] [i	to/to refrain from] select on	<sub>e</sub> [∟nter specified thin	<b>g</b> ].	
☐ An order authorising				
□ the [Enter descrip	tion of assessment/exa	mination of the Respo	ondent].	
☐ the [the Adult Safeguarding Unit/the Director/an authorised officer] select one to [Enter description of specified				
_	Respondent has refuse			
	•			
This Application is made or	the grounds			
	anying Affidavit sworn by	y [full name] on [date]	<b>.</b>	
□ that	. <del>.</del>	· - • •		
Enter grounds in separately num	nbered paragraphs			

1.	
ıly complete if applicable otherwise delete	
he Applicant seeks the following interim orders:	
ter orders sought in separately numbered paragraphs.	
he Application is urgent because	
ter grounds in separately numbered paragraphs where more than one	
•	

## To the Other Parties: WARNING

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
- if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders, you must file and serve on all parties an Affidavit within 14 days after service of the Application.

If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding without further warning.

For instructions on how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482.

## Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

companying Documents companying this Application is a:
Multilingual Notice mandatory Supporting Affidavit mandatory Notice to Respondent Served Interstate mandatory when address of party to be served is interstate Notice to Respondent Served in New Zealand mandatory when address of party to be served is in NZ Notice to Respondent Served outside Australia mandatory when address of party to be served is overseas & not in NZ
If other additional document(s) please list below: