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| <p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p> |
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| <p><b>Hearing Date and Time:</b></p> <p><b>Hearing Location:</b></p> |
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## ORIGINATING APPLICATION – UNCONTROLLED SEXUAL INSTINCTS - EXTENDED DETENTION ORDER

SUPREME COURT OF SOUTH AUSTRALIA  
SPECIAL STATUTORY JURISDICTION

**[ATTORNEY-GENERAL FOR THE STATE OF SOUTH AUSTRALIA/DIRECTOR OF PUBLIC PROSECUTIONS]**  
Applicant

**[FULL NAME]**  
Respondent

|                                                                                  |                                                                                                               |                       |                               |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| Applicant                                                                        | [Attorney-General for the State of South Australia/Director of Public Prosecutions] <small>select one</small> |                       |                               |
| Name of law firm/solicitor<br><small>If any</small>                              | 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                                                                    | Number                                                                                                        |                       | Alternative number (optional) |
|                                                                                  |                                                                                                               |                       |                               |

|               |                                                                                  |       |                               |
|---------------|----------------------------------------------------------------------------------|-------|-------------------------------|
| Respondent    | Full Name                                                                        |       |                               |
| Address       | Street Address (including unit or level number and name of property if required) |       |                               |
|               | City/town/suburb                                                                 | State | Postcode                      |
|               | Country                                                                          |       |                               |
|               | Email address                                                                    |       |                               |
| Phone Details | Number                                                                           |       | Alternative number (optional) |

### Application Details

Matter type: *[Enter matter type]*

Case number on which the Respondent is serving current sentence of imprisonment: *[Enter case number]*:

This Application is to detain the Respondent until further order.

This Application is made under section 57(3) of the *Sentencing Act 2017*.

The Applicant seeks the following orders:

*Enter orders sought in separately numbered paragraphs.*

- 1. That the Court direct that at least two legally qualified medical practitioners examine the Respondent and report to the Court with an assessment as to the Respondent's mental condition and if they are incapable of controlling or unwilling to control, their sexual instincts.
- 2. That the Respondent be detained under an interim order until determination of this Application.
- 3. *[Enter any other orders sought]*

This Application is made on the grounds:

- set out in the accompanying Affidavit sworn by *[name]* on *[date]*.
- 1. The Respondent was sentenced in the *[Enter Court]* on *[date]* to a period of imprisonment of *[Enter no of years]* *[Enter no of months]* with a non-parole period of *[Enter no of years]* *[Enter no of months]* ('the term') commencing on *[date]* for the offence[s] of
  - provision for multiple *[Enter offence(s) listed]*.
- 2. The date on which the term of imprisonment expires is *[Enter date]*.
- 3. The Respondent is a person to whom section 57 of the *Sentencing Act 2017* applies because *[Enter reasons]*.
- 4. *[Enter any other grounds]*.

*Complete only if applicable otherwise delete*

The Application is urgent because

*Enter grounds in separately numbered paragraphs where more than one*

1.

**To the Respondent: 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.

If you do not do so, the Court may proceed **in your absence** and **orders may be made against you** 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.

**Accompanying Documents**

Accompanying this Application is a:

- Multilingual Notice mandatory
- Supporting Affidavit mandatory
- If other additional document(s) please list below: