**ORIGINATING APPLICATION – UNCONTROLLED SEXUAL INSTINCTS -RELEASE ON LICENCE OR DISCHARGE**

SUPREMECOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**……………………………………………………………………………… Full Name**

**Applicant**

**……………………………………………………………………………… Full Name**

**Respondent**

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| Applicant |  |
| **Full Name**  |
| Name of law firm/solicitor**If any** |  |  |
| **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)** |

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| Respondent |  |
| **Full Name**  |
| Address |  |
| **Street Address (including unit or level number and name of property if required)** |
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| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Phone Details |  |  |
| **Type (eg. Home; work; mobile) – Number**  | **Another number (optional)** |
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| **Application Details****Mark appropriate sections below with an ‘x’**Matter type: ……………………………………**matter type**Case number in which section 57 detention order made: ………………….**case number**[ ] This Application is for a Release on Licence Order.[ ] This Application is for a Discharge Order.This Application is made under section 58 / 59 **Circle one** of the *Sentencing Act 2017*.The Applicant seeks the following orders:**Enter orders sought in separately numbered paragraphs.** 1. The Court direct that at least two legally qualified medical practitioners (to be nominated by a prescribed

authority for the purpose) examine the Applicant / Respondent **Circle one** and report to the Court with an assessment as to the Respondent’s mental condition and whether they are incapable of controlling, or unwilling to control, their sexual instincts*.*[ ] 2. The Applicant / Respondent **Circle one** be released on licence pursuant to section 59 of the *Sentencing Act*  *2017.*[ ] 3. The Applicant / Respondent **Circle one** be released on discharge pursuant to section 58 of the *Sentencing*  *Act 2017.*[ ] 4. .………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**Enter any other orders sought**This Application is supported by the accompanying Affidavit sworn by ………………………………**full name**on …………………………..**date** and made on the grounds that: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. **Enter grounds in separately numbered paragraphs**1. The Applicant / Respondent **Circle one** was sentenced in the …………………………… **Enter Court** on …………………………**Enter date** to a period of imprisonment of ……. **Enter no of years**….…**Enter no of months** with non parole period of …… **Enter no of years**……**Enter no of months** (‘the term’) commencing on ………………….**Enter date**for the offence[s] of ………………………………………………………………………………………………………

………………………………………………………………………………………………………………………….**Provision for multiple offences**Leave the following blank if only singular offence2a. The Applicant / Respondent **Circle one** was sentenced in the …………………………… **Enter Court** on …………………………**Enter date** to a period of imprisonment of ……. **Enter no of years**….…**Enter no of months** with non parole period of …… **Enter no of years**……**Enter no of months** (‘the term’) commencing on ………………….**Enter date**for the offence[s] of ………………………………………………………………………………………………………………………………………………………………………………………………………………………………….2b. The Applicant / Respondent **Circle one** was sentenced in the …………………………… **Enter Court** on …………………………**Enter date** to a period of imprisonment of ……. **Enter no of years**….…**Enter no of months** with non parole period of …… **Enter no of years**……**Enter no of months** (‘the term’) commencing on ………………….**Enter date**for the offence[s] of ………………………………………………………………………………………………………………………………………………………………………………………………………………………………….2c. The Applicant / Respondent **Circle one** was sentenced in the …………………………… **Enter Court** on …………………………**Enter date** to a period of imprisonment of ……. **Enter no of years**….…**Enter no of months** with non parole period of …… **Enter no of years**……**Enter no of months** (‘the term’) commencing on ………………….**Enter date**for the offence[s] of ………………………………………………………………………………………………………………………………………………………………………………………………………………………………….1. The Applicant / Respondent **Circle one** was placed on an indefinite detention order on ………….. **Enter date**
2. The Applicant / Respondent **Circle one** is both capable of controlling and willing to control their sexual instincts.
3. The Applicant / Respondent **Circle one** no longer presents an appreciable risk to the safety of the community (whether as individuals or in general) due to their advanced age or permanent infirmity.
4. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**Enter any other grounds**

**Only complete if applicable otherwise mark as N/A**The Application is urgent because **Enter grounds in separately numbered paragraphs where more than one**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **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.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.  |

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

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| **Accompanying Documents****Mark appropriate sections below with an ‘x’**Accompanying this Application is a:[ ] Multilingual Notice **mandatory**[ ] Supporting Affidavit **mandatory**[ ] If other additional document(s) please list below:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |