**ORIGINATING APPLICATION – AGEING AND ADULT SAFEGUARDING ORDER**

MAGISTRATESCOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**Director of the Office for Ageing Well**

**Applicant**

**[*FULL NAME*]**

**Respondent**

**Duplicate panel if multiple Applicants**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant | Director of the Office for Ageing Well | | | | |
| **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)** | |

**Duplicate panel if multiple Respondents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  | | |  | |
| **Type (eg. home; work; mobile) – Number** | | | **Another number (optional)** | |

**Only complete if applicable otherwise delete**

**Duplicate panel if multiple Interested Parties**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interested Party |  | | | | |
| **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 |  | | |  | |
| **Type (eg. home; work; mobile) – Number** | | | **Another number (optional)** | |

|  |
| --- |
| **Application Details**  Matter type:  This Application is for:   * an order [*authorising/requiring*] **select one** an [*examination/assessment*] **select one** of a specified kind of the Respondent. **section 33(1)(a)** * an order requiring a person [*to do/refrain from doing*] **select one** a specified thing, in respect of the Respondent. **section 33(1)(b)** * an order authorising [*the Adult Safeguarding Unit/the Director/an authorised* officer] **select one** to take specified action where the Respondent has refused to consent to the taking of the action. **section 33(1)(c)** * [*Enter other*].   This Application is made under section 31(1) of the *Ageing and* *Adult Safeguarding Act 1995.*  The Applicant seeks the following orders:  **Enter orders sought in separately numbered paragraphs.**   * An order requiring * the Respondent to [*description of assessment/examination*] **select one**. * [*Enter full name*] [*to/to refrain from*] **select one** [*Enter* *specified thing*]. * An order authorising * the [*Enter description of assessment/examination of the Respondent*]. * the [*the Adult Safeguarding Unit/the Director/an authorised* officer] **select one** to [*Enter description of specified action*] where the Respondent has refused to consent.   This Application is made on the grounds   * set out in the accompanying Affidavit sworn by [*full name*] on [*date*]. * that   **Enter grounds in separately numbered paragraphs**  **Only complete if applicable otherwise delete**  The Application is urgent because  **Enter 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. |

|  |
| --- |
| **Accompanying Documents**  Accompanying 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: |