**ORIGINATING APPLICATION - BAIL - VARY OR REVOKE BAIL**

SUPREME / DISTRICT / MAGISTRATES / YOUTH **Circle one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

CASE NO: ………………………..

**……………………………………………………………………………… 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)** |

|  |  |
| --- | --- |
| 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 mark as N/A**

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| --- | --- |
| 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 mark as N/A**

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| --- | --- |
| 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)** |

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| **Application details****Mark appropriate selection below with an ‘x’****Introduction**Matter type: ……………………………………..The *Applicant / Respondent* ………………………………………………. **name**[ ] is charged with the *offence / offences* **Circle one** set out in the Information dated ……………………….. **date**in case number………… **insert case number** in …………………………………………….. **insert name of Court**[ ] is charged with the *offence / offences* set out in the Police Bail Agreement dated …………………………**date**[ ] has been convicted of the *offence / offences* being count *………………***number(s)** set out in the Information dated ……………………. **date**The *Applicant / Respondent* was granted bail on …………………………….**date**[ ] ………………………………..**name**whois a Guarantor in respect of the Bail Agreement **provision for multiple guarantors**[ ] has not consented to this Application.[ ] consents to this Application as evidenced by ……………………………………………………**set out evidence****eg letter or email from Guarantor****Application**The Applicant applies to[ ] vary the conditions of the Bail Agreement[ ] to vary the bail address. [ ] for permission to travel.[ ] ………………………………………………………….**other**[ ] revoke the Bail Agreement.**Do not complete next line if application is to revoke the Bail Agreement or by prosecution** If the Application is granted, the applicant would prefer to sign the varied Bail Agreement at ………………………….……………………………………..**location****Grounds of Application****Complete next item if application is to vary the bail address’**This Application is made on the grounds that:1. The applicant wishes to live at …………………………………………………………**address**from……………………**date**
2. If applicable, the applicant’s landlord at the new address would be …………………………….**name**, whose telephone number is …………………………….**number**
3. The applicant is seeking to change address because ……………………………………………………….…….

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**reasons****next item displayed if application is ‘for permission to travel’**This Application is made on the grounds that:1. The applicant wishes to travel *within Australia / overseas* between …………….**date**and ……………..**date**
2. The applicant proposes to travel to the following destinations:

**location(s) and address(es) with corresponding dates in numbered paragraphs**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………1. The applicant is seeking to travel because ……………………………………………..……………………………..

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**reason(s)****Complete next item if application is ‘other’ variation of to ‘revoke the Bail Agreement’**This Application is made on the grounds[ ] set out in the accompanying affidavit sworn by ……………………….**name** on ……………………**date**[ ] that:**grounds in separately numbered paragraphs**1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
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**Complete next box if application is to vary a bail address**

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| **Proposed Address for Bail****Mark appropriate selection below with an ‘x’**[ ] **if applicable** The Applicant is applying for home detention bail to the proposed address. **home detention bail report requested**Would a report from *Department of Community Corrections / Department of Human Services, Youth Justice* as to suitability of the proposed address assist in this Application?[ ] Yes[ ] NoProposed address: ……………………………………….……………………..**address****generated from party box if Respondent so selects**Phone number at proposed address: ……………………………..**number****generated from party box if Respondent so selects**Contact person at proposed address: ……………………………..**name**who is …………………. **relationship to Respondent** and who can be contacted by telephone on ………………………… **phone no** **provision for multiple phone numbers**The property is[ ] owned by the Applicant[ ] housing trust[ ] leased by the Applicant[ ] owned by ……………………………..**name** who can be contacted by telephone on ………………………**phone no** **provision for multiple phone numbers**[ ] ………………………………………..………………………………………………………………………..**other – details**The current residents at the proposed address are**Full names of residents in numbered paragraphs**1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Are any of the current residents at the proposed address a co-accused of the Defendant or a witness who has provided a statement in relation to this matter?[ ] Yes: …………………………………**name**is a co-accused of the Defendant / witness **circle one** who has provided a statement in relation to this matter **provision for multiple**[ ] NoAre any firearms located at the proposed address?[ ] Yes, ……………………………………**name**who can be contacted by telephone on …………………………. **provision for multiple phone numbers** is the registered owner of a firearm located at the proposed address……………… ……………………………………………….. **provision for multiple**[ ] No |

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| **Accompanying Documents****Mark appropriate selection below with an ‘x’**Accompanying this Application is a[ ] Supporting Affidavit **mandatory**[ ] Evidence of consent of Guarantor **if applicable**[ ] If other additional document(s) please list them below:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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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 application without further warning. |

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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. If the Application is made by a Defendant, the Application must be served on the prosecution and any Guarantors. If the Application is made by the prosecution, the Application must be served on the Defendant and any Guarantors. |