**ORIGINATING APPLICATION - VARY OR REVOKE GUARANTEE OF 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)** | |

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| --- | --- | --- | --- | --- | --- |
| First Respondent (Prosecution) |  | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| 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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| --- | --- | --- | --- | --- | --- |
| Second Respondent  (Defendant or Youth) |  | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| 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**  **Mark appropriate selection below with an ‘x’**  Matter type:  The second respondent …………………………………………………..**Name**(‘the Subject’)  [ ] is charged with the *offence / offences* set out in the Information dated ………………………………. **date**  [ ] has been convicted of the *offence / offences* being count ……………………………. **number(s)** set out in the Information dated ………………………….**date**  The Subject was granted bail on ………………………………. **date**  The Guarantor applies to  [ ] vary the terms of the Guarantee of Bail.  [ ] revoke the Guarantee of Bail.  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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| **Accompanying Documents**  **Mark appropriate selection below with an ‘x’**  Accompanying this Application is a  [ ] Supporting Affidavit **mandatory**  [ ] If other additional document(s) please list them below: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **To 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. |