o be inserted by Court	
Case Number:	
Pate Filed:	
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learing Date and Time:	
learing Location:	

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

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 proper	ty if required)	T
	City/town/suburb	State	Postcode	Country
	Email address		I	
Phone Details				
	Type (eg. Home; work; mobile) -	Number	Another number (optional)	

First Respondent				
(Prosecution)	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guar	dian Name (if applicable))
Address				
	Street Address (including unit or	level number and name of proper	ty if required)	T
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
Thomas deline				
	Type (eg. Home; work; mobile) – h	Number	Another number (optional)	
Second Respondent				
(Defendant or Youth)				
Address	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guar	dian Name (if applicable))
7.444.000				
	Street Address (including unit or	level number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
	Olty/town/suburb	Otate	1 ostobue	Country
	Email address			
Phone Details				
	Type (eg. Home; work; mobile) – I	Number	Another number (optional)	
Application Mark appropriate selection below with an	'x'			
Matter type:				
The second respondent		Name	('the Subject')	
[] is charged with the c	offence / offences set ou	t in the Information da	ated	date
[] has been convicted	of the offence / offence	es being count	numb	_{per(s)} set out in the
Information dated	date	9		
The Subject was granted b	ail on	date		
The Guarantor applies to				
[] vary the terms of the	Guarantee of Bail.			
[] revoke the Guarante				
[] revene and Calamanne				
This Application is made or	the grounds			
	_	hv	name ON	3-4-
	panying Amaavit sworn	<i>⊳</i> y	name OII	date
grounds in separately numbered	l paragraphs			

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co	mpanying this Application is a] Supporting Affidavit _{mandatory}

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.

Service

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