**ORIGINATING APPLICATION – CHILD PROTECTION RESTRAINING ORDER (CHILD OR GUARDIAN OF CHILD AS APPLICANT)**

MAGISTRATESCOURT 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)** | | | | |
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| **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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| Applicant |  | | | | |
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| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| Respondent |  | | | | |
| **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)** | | | | |
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| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| **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 (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
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| 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 |  | | | | |
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| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter type: …………………………………………………………………………………**Enter matter type**  This Application is by *a Child* / G*uardian of a Child* **Circle one** for the protection of whom a Child Protection Restraining Order is sought.  This Application is made under section 99AAC of the *Criminal Procedure Act 1921.*  The Applicant seeks the following orders:  **Enter orders sought in separately numbered paragraphs.**   1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   This Application is supported by the accompanying Affidavit sworn by …………………………………………… **name** on …………………………………….. **date** and is made on the grounds:  1. that the Respondent is an adult who *is / has been* **select one** residing with the child specified in this Application who is under the age of 17 years of whom the Respondent is not a guardian;  2. that the Respondent and the child specified in this Application *are / have been* **select one** residing at premises other than premises in which a guardian of the child resides;  3 [ ] that the *Respondent / another person who resides at, or frequents, the premises at which the Respondent and the child specified in this Application* **select one** *reside / have resided* **select one**:  [ ] has within the preceding 10 years, been convicted of the prescribed offence[*s*] of:   1. **provision for multiple** ………………………………………………**enter name of the offence** under section ……….. **number** of the ……………………………………………………………………………………………..….**Enter Act/Regulation/Other** as recorded by………………………………………………..…………………….. **Enter Court where the conviction recorded** on …………………………………………..**date** 2. **Leave blank if N/A** ………………………………………………**enter name of the offence** under section ……….. **number** of the ……………………………………………………………………………………………..….**Enter Act/Regulation/Other** as recorded by………………………………………………..…………………….. **Enter Court where the conviction recorded** on …………………………………………..**date** 3. **Leave blank if N/A** ………………………………………………**enter name of the offence** under section ……….. **number** of the ……………………………………………………………………………………………..….**Enter Act/Regulation/Other** as recorded by………………………………………………..…………………….. **Enter Court where the conviction recorded** on …………………………………………..**date** 4. **Leave blank if N/A** ………………………………………………**enter name of the offence** under section ……….. **number** of the ……………………………………………………………………………………………..….**Enter Act/Regulation/Other** as recorded by………………………………………………..…………………….. **Enter Court where the conviction recorded** on …………………………………………..**date**   [ ] *is / has at any time been* **Circle one** subject to a Restraining Order under section 99AAC of the *Criminal Procedure Act 1921* as recorded by the Magistrates Court on …………………………………..**date**  [ ] as a consequence of the child’s contact or residence with the Respondent, the child is at risk of -   [ ] sexual abuse or physical, psychological or emotional abuse or neglect;  [ ] engaging in, or being exposed to, conduct that is an offence under Part 5 of the *Controlled   Substances Act 1984*;  4 the making of the order is appropriate in the circumstances.  **Only complete if applicable otherwise mark nil**  The Application is urgent because  **Enter grounds in separately numbered paragraphs where more than one**   1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   **Child for whose benefit order is sought**  Name: …………………………………………….  Date of birth: ……………………………………………  Gender: …………………………………………… |

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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; 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. |

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| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  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: |