**ORIGINATING APPLICATION – CHILD PROTECTION RESTRAINING ORDER (INTERIM ORDER SOUGHT)**

MAGISTRATESCOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

**Duplicate panel if multiple Applicants**

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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)** | |

**Duplicate panel if multiple Respondents**

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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**  Matter type:  This Application is by [*the Commissioner of Police*/*a Child*/*a Guardian of a Child*] **Select one** for the protection of whom an Interim 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.**  This Application is made on the grounds:   * set out in the accompanying Affidavit sworn by [*name*] on [*date*]. * 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. * that the Respondent and the child specified in this Application [*are/have been*] **Select one** residing at premises other premises in which a guardian of the child resides. * 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: * **provision for multiple** [*Enter name* *of the offence*] under section [*Enter number*] of the [*Enter Act/Regulation/Other*] as recorded by [*Enter* *Court where the conviction recorded*] on [*Enter date*]. * [*is/has at any time been*] **Select one** subject to a Restraining Order under section 99AAC of the *Criminal Procedure Act 1921* as recorded by the Magistrates Court on [*date*]. * that the Respondent may, unless restrained, again so use the internet.   OR:   * 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; or * engaging in, or being exposed to, conduct that is an offence under Part 5 of the *Controlled  Substances Act 1984*, * the making of an order is appropriate in the circumstances.   **Only complete if applicable otherwise delete**  The Applicant seeks an interim order restraining the Respondent from:  **Enter interim orders in numbered paragraphs**  1.  The Application is urgent because  **Enter grounds in separately numbered paragraphs where more than one**  **Child for whose benefit order is sought**  Name: [*full name*]  Date of birth: [*Enter date of birth*]  Gender: [*Enter* *gender*] |

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| **Service**  The party filing this document is not required to serve it until the Court has heard the application for an interim order. |

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| **Accompanying Documents**  Accompanying this Application is a:   * Supporting Affidavit **mandatory** |