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

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)** |
|  |  |  |  |
| **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))** |
| 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)** |

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| **Application Details****Mark appropriate sections below with an ‘x’**Matter type:………………………………………………………………………………………..This Application is by *the Commissioner of Police* / *a Child* / *a Guardian of a Child* **Circle 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.** 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. **Only complete if applicable otherwise mark as 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. **Only complete if applicable otherwise mark as 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. **Only complete if applicable otherwise mark as 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*;2. the making of the order is appropriate in the circumstances.The Applicant seeks an interim order restraining the Respondent from**Only complete if applicable otherwise mark as N/A**1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Only complete if applicable otherwise mark as N/A**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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| **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****Mark appropriate sections below with an ‘x’**Accompanying this Application is a:[ ] Supporting Affidavit **mandatory** |