**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)** | | | | |
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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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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
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| **Email address** | | | | |
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| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
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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))** | | | | |
| 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))** | | | | |
| 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** |