**ORIGINATING APPLICATION – HIGH RISK OFFENDERS – EXTENDED SUPERVISION ORDER**

SUPREMECOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**Attorney-General for the State of South Australia**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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| Applicant | Attorney-General for the State of South Australia | | | | |
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| 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)** | |

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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** |
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| **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 Attorney-General of the State of South Australia for an Extended Supervision Order.  This Application is made under section 7(1) of the *Criminal Law (High Risk Offenders) Act 2015.*  The Applicant seeks the following orders:  **Enter orders sought in separately numbered paragraphs.**  1. That the Court direct that one or more prescribed health professionals examine the Respondent and report to the Court with an assessment whether there is a likelihood of the Respondent   * committing a further serious sexual offence. * committing a further serious offence of violence. * committing a terrorist offence, or otherwise being involved in a terrorist act, or committing a serious offence of violence.   2. That the Respondent be subject to an extended supervision order for a period of [insert number] years.   * 3. That the Respondent be subject to an interim supervision order until the application for the extended supervision order is determined. * 4. That the Applicant is granted leave to provide a copy of the medical report ordered by the Court to the Parole Board and the Department for Correctional Services. * 5. That the parties have liberty to apply at short notice. * 6. [*Enter any other orders sought*].   This Application is made on the grounds:   * set out in the accompanying Affidavit sworn by [*name*] on [*date*]. * 1. The Respondent was sentenced in the [*Enter Court*] on [*date*] to a period of imprisonment of [*Enter no of* *years*] [*Enter no of* *months*] with a non parole period of [*Enter no of* *years*] [*Enter* *no of months*] (‘the term’) commencing on [*date*] for the offence[*s*] of: * **provision for multiple** [*Enter offence(s) listed*]. * 2. The Respondent was subject to an extended supervision order by this Honourable Court on [*date*] for the period of [*Enter no of* *years*] [*Enter no of* *months*] (‘the term’). * 3. The date on which the term of imprisonment expires is [*date*]. * 4. **Select if ground 1 above selected** The Respondent is currently [*in* *prison/on parole/on home detention*] **Select one**in respect of the term of imprisonment. * 5. **Only select if Respondent is a high risk offend**er The Respondent is a high risk offender and poses an appreciable risk to the safety of the community if not supervised because [*Enter reasons*]. * 6. [*Enter any other grounds*].   **Only complete if applicable otherwise delete**  The Application is urgent because  **Enter grounds in separately numbered paragraphs where more than one** |

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| **To the Respondent: 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 against you** 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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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  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: |