

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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<p>Hearing Date and Time:</p> <p>Hearing Location:</p>
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ORIGINATING APPLICATION – HIGH RISK OFFENDERS – EXTENDED SUPERVISION ORDER

SUPREME COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION

Attorney-General for the State of South Australia
Applicant

[FULL NAME]
Respondent

Applicant	Attorney-General for the State of South Australia		
Name of law firm/solicitor if any	Law Firm		Responsible Solicitor
	Street Address (including unit or level number and name of property if required)		
Address for service	City/town/suburb	State	Postcode
	Country		
	Email address		
Phone Details	Type (eg. Home; work; mobile) – Number		Another number (optional)

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)

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 offender 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

1.

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>

Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

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: