**ORIGINATING APPLICATION – PART 8A CONTINUING SUPERVISION ORDER**

SUPREMECOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**The State of South Australia**

**Applicant**

**[*FULL NAME*]**

**Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant | The State of South Australia | | | | |
|  | | | | |
| 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)** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:[*Enter matter type*]  This Application is by the Attorney-General of the State of South Australia for a Continuous Supervision Order.  This Application is made under section 269UA of the *Criminal Law Consolidation Act 1935.*  The Applicant seeks the following orders:  **Enter orders sought in separately numbered paragraphs.**   * 1. That the Court direct that one or more legally qualified medical professional examine the Respondent’s mental condition and report to the Court on the mental condition of the Respondent including; * a diagnosis and prognosis of the condition; and * a suggested treatment plan for managing the Respondent’s condition. * 2. That, on the expiry of the Respondent’s existing supervision order, the Respondent be subject to a continuing supervision order. * 3. 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. * 4. The parties have liberty to apply at short notice. * 5. [*Enter any other orders sought*].   This Application is made on the grounds set out in the accompanying Affidavit sworn by [*Enter name*] on [*Enter date*].  **Only complete if applicable otherwise delete**  The Application is urgent because  **grounds in separately numbered paragraphs where more than one** |

|  |
| --- |
| **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 file a response to an application and 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: |