**ORIGINATING APPLICATION – SPENT CONVICTIONS ACT ORDER**

[*MAGISTRATES/YOUTH*] **select one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

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

**First Respondent**

**Commissioner of Police**

**Second Respondent**

**[*Minister for Disabilities Services/Minister for Child Protection*] only complete if applicable otherwise delete**

**Third Respondent**

**Complete next box if the Applicant is the convicted person otherwise delete**

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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** |
|  | | | | |
| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |
| Date of Birth |  | | | | |
| **Date of birth** | | | | |

**Complete next box if the Applicant is not the convicted person (If it is a section 8B and 8C applications otherwise delete**

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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** |
|  | | | | | | | |
| **Email address** | | | | | | | |
| Phone Details |  | | | | |  | | |
| **Type (eg. Home; work; mobile) – Number** | | | | | **Another number (optional)** | | |
| Convicted Person |  | | | |  | |  | |
| **Full name** | | | | **Date of Birth** | | **Date of Death (if applicable)** | |
| Convicted Person’s Address  **If applicable** |  | | | | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | | | | |
|  |  | | | |  |  | |
| **City/town/suburb** | **State** | | | | **Postcode** | **Country** | |
| Basis on which the Application is made | The convicted person is:   * deceased * a person with a mental incapacity, namely [*Enter nature of mental incapacity*] | | | | | | | |
| Relationship with the Convicted Person | * the convicted person’s spouse or domestic partner * adult sibling or child of the convicted person * the convicted person’s appointed guardian * the executor or administrator of the convicted person’s estate * other [*Enter details of relationship with the convicted person*] | | | | | | | |

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

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| Second Respondent | Commissioner for Police | | | | |
| 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)** | |

**Complete next box if application under section 13A relating to clause 7 of Schedule 1; otherwise delete**

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| Third Respondent | [*Minister for Disabilities Services/Minister for Child Protection*] | | | | |
| **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)** | |

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| **Application Details**  Matter type: [*Enter matter type*]  This Application is for   * 1. **provision for multiple** an order to have the following eligible sex offence[*s*] **select one** spent:   + - [*Enter name* *of the offence*] under section [*Enter number*] of the [*Enter Act/Regulation/Other*] as recorded by [*Enter Court where the conviction recorded*] on [*Enter date*].     - for which the Court imposed [*Enter details of penalty*].   [*Enter* *details of any further information the Applicant would like to submit in support of the application (Enter circumstances and seriousness of offence, the circumstances of the Applicant etc)*]   * 2. **provision for multiple** an order to have the following designated sex-related offence[*s*] **select one** spent:   + - [*Enter name* *of the offence or description of common law offence* ] [*Enter under section [Enter number] of the* [*Enter Act/Regulation/Other*]] as recorded by [*Enter* *Court where the conviction recorded*] on [*Enter date*].     - for which the Court imposed [*Enter details of penalty*].   [*Enter details of any further information the Applicant would like to submit in support of the application (Enter circumstances and seriousness of offence, the circumstances of the Applicant etc)*]   * 3. **provision for multiple** an order to have the following prescribed public decency offence[s] **Select one** spent:   + - [*Enter name* *of the offence or description of common law offence*] [*Enter under section [Enter number] of the* [*Enter* *Act/Regulation/Other*]] as recorded by [*Enter Court where the conviction recorded*] on [*Enter date*].     - for which the Court imposed [*Enter details of penalty*].   [*Enter details of any further information the Applicant would like to submit in support of the application (circumstances and seriousness of offence, the circumstances of the Applicant etc)*]  Has an Application been made to treat as spent [*Enter any of*] the above conviction[*s*] or findings of guilt in the past two years?   * Yes * No   **Only complete if you selected ‘yes’ above otherwise delete**  The Application was to spend: **provision for multiple**   * [*name* *of the offence or description of the common law offence*] [*under section [Enter number] of the* [*Enter Act/Regulation/other*]] as recorded by [*Court where the conviction recorded or finding of guilt was made*] on [*date*]. * The Application was made on [*date*]. * The Application was refused on [*date*]. * [*Enter any further information the Applicant considers relevant*]   This Application is made under section[*s*] [*8A/[and]8B[and]/8C*] of the *Spent Convictions Act 2009.*  The Applicant seeks orders that:  **Enter orders sought in separately numbered paragraphs.**  1. The conviction[*s*] or finding set out in paragraph [*enter number(s)*] of this Application be spent. |

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| **Accompanying Documents**  Accompanying this Application is a:   * National Police Certificate processed within 6 months before the date of filing this application **mandatory** * A copy of any transcript or sentencing remarks in connection with the conviction **mandatory** **if available** |

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| **To the Applicant**   * Regulation 5A of the *Spent Convictions Regulations 2011* provides the details and accompanying documents that an application under section 8A, section 8B or section 8C of the *Spent Convictions Act 2009* must set out or include. Please ensure that you have all the required details and accompanying documents in your application. * You do not need to attend the hearing unless you are notified to do so by the Registrar. |

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| **To the Other Parties: WARNING**  A qualified Magistrate is empowered to exercise a discretion pursuant to sub-clause 5(2) of Schedule 2 of the *Spent Convictions Act 2009* to conduct all or part of this proceeding on the basis of the documents in chambers unless a Respondent intervenes. If you wish to intervene and request a hearing in these proceedings you must file a Form 55 Response within 14 days after being served with this Application. |