**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**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| 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*]
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| 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. |