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| <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 – 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 | | |

Form 1Ze

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: <input type="checkbox"/> deceased <input type="checkbox"/> a person with a mental incapacity, namely <i>[Enter nature of mental incapacity]</i> | | |
| Relationship with the Convicted Person | <input type="checkbox"/> the convicted person's spouse or domestic partner <input type="checkbox"/> adult sibling or child of the convicted person <input type="checkbox"/> the convicted person's appointed guardian <input type="checkbox"/> the executor or administrator of the convicted person's estate <input type="checkbox"/> other <i>[Enter details of relationship with the convicted person]</i> | | |

| | | | |
|------------------|--|---------------------------|----------|
| 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) | |

| | | | |
|-------------------|--|---------------------------|----------|
| 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

| | | | |
|------------------|--|-------|---------------------------|
| 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) |

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.

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

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.

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.