**ORIGINATING APPLICATION – SPENT CONVICTIONS ACT ORDER**

*MAGISTRATES / YOUTH* **circle 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 mark nil**

**Third Respondent**

**Complete next box if the Applicant is the convicted person otherwise mark as N/A**

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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 mark as N/A**

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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)** | |

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| --- | --- | --- | --- | --- | --- |
| 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 | **Mark appropriate section below with an ‘x’**  The convicted person is:  [ ] deceased  [ ] a person with a mental incapacity, namely …………………………………………..  ……………………………………………………………..……………**Enter nature of mental incapacity** | | | | |
| Relationship with the Convicted Person | **Mark appropriate section below with an ‘x’**  [ ] 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)** | |

**Only complete if application under section 13A relating to clause 7 of Schedule 1; otherwise mark as N/A**

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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**  **Mark appropriate sections below with an ‘x’**  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 the common law 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)**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  [ ] 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 the common law 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)**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  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 mark as N/A**  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 **circle one** 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**  **Mark appropriate sections below with an ‘x’**  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. |