To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
Hearing Date and Time:				
Hearing Location:				
ORIGINATING	3 APPLICATION	I – SPENT CON	NVICTIONS ACT	ORDER
MAGISTRATES / YOUTH circ	ele one COURT OF SOUT	H AUSTRALIA		
SPECIAL STATUTORY JUR				
Applicant			·····Full nam	ne e
Attorney-General for the St	ate of South Australia	ı		
First Respondent				
Commissioner of Police				
Second Respondent				
Minister for Disabilities Sei Third Respondent	rvices/Minister for Chi	Id Protection only comp	lete if applicable otherwise mark nil	
mila Respondent				
Complete next box if the Applicant is the cor	nvicted person otherwise mark as N/	Α		
Applicant				
Name of law firm/solicitor	Full Name			
If any	Law Firm		Responsible Solicitor	
Address for service				
	Street Address (including unit or l	level number and name of proper	ty if required)	I
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details				
Date of Birth	Type (eg. Home; work; mobile) – N	Number	Another number (optional)	
	Date of birth			

Complete next box if the Applicant is not the	convicted person (If it is a section 8	BB and 8C applications otherwise	mark as N/A		
Applicant	The state of the s				
	Full Name				
Name of law firm/solicitor					
If any	Law Firm		Responsible Solicitor		
Address for Service	Law I IIII		Responsible Solicitor		
	Street Address (including unit or	level number and name of proper	ty if required)		
	City/town/suburb	State	Postcode	Country	
	Email address				
Phone Details					
	Type (eg. Home: work: mobile) -	Number	Another number (optional)		
	Type (eg. Home; work; mobile) – Number Another number (optional)				
Convicted Person					
	Full name		Date of Birth	Date of Death (if applicable)	
Convicted Person's				, <u>, , , , , , , , , , , , , , , , , , </u>	
Address					
If applicable	Street Address (including unit or	level number and name of proper	ty if required)		
Desir constitution	City/town/suburb  Mark appropriate section below v	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	Mark appropriate section below with an 'x'				
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				
			Enten detaile of valetion	and in with the convicted manage	
First Respondent	Attorney-General for	the State of South Aug	stralia		
T iist respondent	Automoy Concrarior	ine otate of court / tak	otrana		
Address					
	Street Address (including unit or	level number and name of proper	ty if required)		
	City/town/suburb	State	Postcode	Country	
	Email address		1		
Phone Details					
	Type (eg. Home; work; mobile) – Number		Another number (optional)		

Second Respo	ondent	Commissioner for Police				
Address						
		Street Address (including	unit or level number a	and name of proper	ty if required)	
		City/town/suburb	State		Postcode	Country
Phone Details		Email address				
		Type (eg. Home; work; mo	obile) – Number		Another number (optional)	
Only complete if annihola	tion under coetion 4			auk oo N/A	Tallouide Hallingon (optional)	
Third Respond					or Child Protection]	
Address		Full name				
		Street Address (including	unit or level number a	and name of proper	ty if required)	
		Offeet Address (including	diff of level fidiliber o	and name of proper	ty ii required)	
		City/town/suburb	State		Postcode	Country
Diam Data il		Email address			T	
Phone Details						
		Type (eg. Home; work; mo	bile) – Number		Another number (optional)	
Application D	otoilo					
Application D  Mark appropriate secti		x'				
Matter type:						
This Application	n is tor					
[ ] 1 prov	ision for multiple a	n order to have the	following elig	ible sex offe	nce[s] select one spent:	
					und	er section
•					Enter name of the offence UNC	
	Enter number of theEnter  Act/Regulation/Other as recorded byEnter					
	_					Enter
	Court where the	e conviction recorded ON			Enter date	
•	for which th	ne Court imposed				
						···Enter details of penalty
Enter details of any	further informatio	on the Applicant would lik	a to cubmit in cum	ort of the applic	ation (Enter circumstances and co	priousness of offense the
circumstances of the		on the Applicant would lik	e to submit in supp	ort of the applic	ation (Enter circumstances and se	eriousness of offerice, the

[ ] 2. provision	n 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 sectionEnter 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 circumstances of the	further information the Applicant would like to submit in support of the application (Enter circumstances and seriousness of offence, the Applicant etc)
•••••	
[ ] 3. provision	n for multiple an order to have the following prescribed public decency offence[s] select one spent:
•	
	offence under sectionEnter 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 circumstances of the	further information the Applicant would like to submit in support of the application (Enter circumstances and seriousness of offence, the Applicant etc)
Has an Applica	ation been made to treat as spentEnter any of
	viction[s] or findings of guilt in the past two years?
[ ] Ye	es
[ ] N	0

		-	u selected 'yes' above otherwise mark as N/A ion 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 ONdate
[		]	The Application was made ondate
[		]	The Application was refused ondate
[		]	
			Enter any further information the Applicant considers relevant
This A	ppli	cat	tion is made under section[s] 8A / [and] 8B [and] / 8C <sub>circle one</sub> of the <i>Spent Convictions Act 2009</i> .
Enter orde	rs so	ugh	nt seeks orders that: t in separately numbered paragraphs. onviction[s] or finding set out in paragraphenter number(s) of this Application be spent.

## **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

## 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.