

<p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
--

## ANNEXURE TO INTERVENTION ORDER ORIGINATING APPLICATION

[MAGISTRATES/YOUTH] Select one COURT OF SOUTH AUSTRALIA  
SPECIAL STATUTORY JURISDICTION

.....Full name  
**Applicant**

.....Full name  
**Respondent**

<b>Protected Person [1] Details</b>					
Protected person	Full Name				
Address	Street Address (including unit or level number and name of property if required)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">City/town/suburb</td> <td style="width: 33%; padding: 2px;">State</td> <td style="width: 33%; padding: 2px;">Postcode</td> <td style="width: 10%; padding: 2px;">Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Type (eg. home; work; mobile) – Number</td> <td style="width: 40%; padding: 2px;">Another number (optional)</td> </tr> </table>	Type (eg. home; work; mobile) – Number	Another number (optional)		
Type (eg. home; work; mobile) – Number	Another number (optional)				
Date of birth	Date of birth				
Preferred method of contact	<p>Mark appropriate selection below with an 'X'</p> <p><input type="checkbox"/> post</p> <p><input type="checkbox"/> telephone</p> <p><input type="checkbox"/> email</p>				

Only complete if applicable otherwise mark as N/A

<b>Protected Person [2] Details</b>			
Protected person	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)
Date of birth	Date of birth		
Preferred method of contact	Mark appropriate selection below with an 'X' <input type="checkbox"/> post <input type="checkbox"/> telephone <input type="checkbox"/> email		

Only complete if applicable otherwise mark as N/A

<b>Protected Person [3] Details</b>			
Protected person	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)
Date of birth	Date of birth		
Preferred method of contact	Mark appropriate selection below with an 'X' <input type="checkbox"/> post <input type="checkbox"/> telephone <input type="checkbox"/> email		

Only complete if applicable otherwise mark as N/A

<b>Protected Person [4] Details</b>			
Protected person	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)
Date of birth	Date of birth		

Form 3h

Preferred method of contact	Mark appropriate selection below with an 'X' <input type="checkbox"/> post <input type="checkbox"/> telephone <input type="checkbox"/> email
-----------------------------	---