| To be inserted by Court | | | | | | | |
|--|---|---------------------------|---------|--|--|--|--|
| Case Number: | | | | | | | |
| Date Filed: | | | | | | | |
| FDN: | | | | | | | |
| | | | | | | | |
| ORIGINATING APPLICATION EX PARTE - INTERVENTION ORDERS ACT - DOMESTIC VIOLENCE ORDER NATIONALLY RECOGNISED | | | | | | | |
| [<i>MAGISTRATES/YOUTH</i>] sel SPECIAL STATUTORY JUR | ect one COURT OF SOUTH AUSTRALIA ISDICTION | | | | | | |
| [<i>FULL NAME</i>] Applicant | | | | | | | |
| Applicant | | | | | | | |
| | Full Name | | | | | | |
| Name of responsible officer If applicable | Full Name | | | | | | |
| Responsible officer details | | | | | | | |
| Name of law firm/solicitor | Rank/position | Number/identifier | | | | | |
| | Law Firm | Responsible Solicitor | | | | | |
| Address for service | | | | | | | |
| | Street Address (including unit or level number and name of proper | ty if required) | | | | | |
| | City/town/suburb State | Postcode | Country | | | | |
| | | | | | | | |
| Phone Details | Email address | | | | | | |
| | Type (eg. home; work; mobile) – Number | Another number (optional) | | | | | |
| | | | | | | | |
| Application Details | | | | | | | |
| Matter type: [Enter matter ty | /pe] | | | | | | |
| This Application is for an order declaring a Domestic Violence Order made against [full name] ('the Subject') to be nationally recognised. | | | | | | | |
| This Application is made under section 29ZD of the <i>Intervention Orders (Prevention of Abuse) Act</i> 2009. | | | | | | | |
| The Applicant seeks the following orders: Enter orders sought in separately numbered paragraphs | | | | | | | |
| 1. An order declaring the Intervention Order to be a nationally recognised DVO. 2. [Enter other] | | | | | | | |
| | | | | | | | |

| This Application is made on the grounds □ set out in the accompanying Affidavit sworn by [full name] on [date]. □ that Enter grounds in separately numbered paragraphs 1. |
|---|
| Only complete if applicable otherwise delete The Application is urgent because Enter grounds in separately numbered paragraphs where more than one 1. |

Details of Order subject of this Application

State of issue: [Enter state]
Order reference number: [Enter number]
Court of issue: [Enter Court]

Date order issued: [date]
Date order expires: [date]

The order subject of this Application is a [final/interim] select one order.

The Subject

Name: [full name]

full name

Address: [Enter street]

street include unit or level number and/or name of property if necessary

[Enter city/town/suburb]

city/town/suburb

[Enter state] [Enter country] [Enter postcode]

te country: default Australia and not displayed if Australia postcode

Other address at which the

Subject may be found

[Enter street]

street include unit or level number and/or name of property if necessary

optional:

[Enter city/town/suburb]

city/town/suburb

[Enter state] [Enter country] [Enter postcode]

ate country: default Australia and not displayed if Australia postcode

Telephone: [Enter phone number]

phone no

Date of birth: [Enter date of birth]

date of birth

Drivers Licence number: [Enter licence number]

licence number

Original Applicant for Domestic Violence Order subject to this Application

Applicant: [full name]

full name

Responsible officer: if applicable [full na

[full name]

full name

Responsible officer details: if applicable

[Enter rank]

[Enter number]

number

rank

Address:

[Enter street]

street: include unit or level number and/or name of property if necessary

[Enter city/town/suburb]

city/town/suburb

| | [Enter state] | [Enter country] country: default Australia and not displayed if Australia | [Enter postcode] | | | |
|---|---|--|------------------|--|--|--|
| Telephone: | [Enter phone number |] | | | | |
| Protected person [1]: provision for multiple | | | | | | |
| Full name: | [full name] | | | | | |
| Date of birth: | [Enter date of birth] | | | | | |
| Relationship to the subject at the time the foreign order was made: | □ Partner/spouse □ Child □ Step-child □ Parent □ Step-parent □ Sibling □ Relative [details] □ Neighbour □ [Other] | | | | | |
| Service or notification of origonal Has the order been served upon the Yes No | | y notified to the Subject? | | | | |
| Previous Declarations | | ubject] select one properly notified of order] Iy Recognised Domestic Violence Orde | | | | |
| | £ | 4: | | | | |
| Must complete if selected 'yes' above Detail State of issue: | s of previous declara | tion | | | | |
| State of issue. | [Enter state] | | | | | |
| Order reference number: | [Enter number] | | | | | |
| Court of issue: | [Enter name of Court] | | | | | |
| Date order issued: | [date] | | | | | |
| Date order expires: | [date order expires] | | | | | |
| Addressing a Domestic Viole Does the Domestic Violence O Yes No | | dresses a domestic violence concern? | | | | |
| Must complete if selected 'no' above Reasons the order should be | declared as a Nation | nally Recognised Domestic Violence | Order | | | |
| [Enter reasons] | | | | | | |

Form 4Be

| Accompanying Documents | |
|---|--|
| Accompanying this Application is a: | |
| □ Supporting Affidavit optional □ Copy of Domestic Violence Order mandatory □ Copy of Certificate of Proper Notification of Domestic Violence Order □ If other additional document(s) please list below: | |