**ORIGINATING APPLICATION EX PARTE - INTERVENTION ORDERS ACT - EXTENSION OF DETENTION FOR SERVICE**

[*MAGISTRATES/YOUTH*] **Select one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**COMMISSIONER OF POLICE**

**Applicant**

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| Applicant | Commissioner of Police | | | | |
| Name of responsible officer **If applicable** |  | | | | |
| **Full Name** | | | | |
| Responsible officer details **If applicable** |  | | |  | |
| **Rank/position** | | | **Number/identifier** | |
| 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** |
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| **Email address** | | | | |
| Phone Details |  | | | | |
| **Type (eg. home; work; mobile) – Number** | | | | |

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| **Application Details**  Matter type:[*Enter matter type*]  This Application is for the extension of a period of detention under the *Intervention Orders (Prevention of Abuse) Act* 2009 of the person specified below (‘the Subject’)*.*  This Application is made under section [[*34(4)/35(2)*] **select one** of the *Intervention Orders (Prevention of Abuse) Act* 2009]*.*  The Applicant seeks the following orders:   * 1. An extension of a period of detentionfor a period of [*Enter hours*]. **The total aggregate period of detention must not exceed 8 hours under section 34, or 24 hours under section 35, of the *Intervention Orders (Prevention of Abuse) Act* 2009.** * 2. [*other*].   The Subject was apprehended on [*date and time*] pursuant to section [*34(1)/34(2)/35(1)*] **select one** of the *Intervention Orders (Prevention of Abuse) Act* 2009.   * The Subject is subject to an intervention order that has not been served and has been arrested and detained pursuant to section 34(3) of the *Intervention Orders (Prevention of Abuse) Act* 2009.   This Application is made on the grounds   * set out in the accompanying Affidavit sworn by [*name*] on [*date*]. * **Must complete** **if section 34(1) selected above** **otherwise delete** to allow documents to be prepared and servedas: * [*Enter full name*] [*refused/failed*] **select one**to comply with the requirement to remain at [*Enter description of place, address]* for long as may be necessary for an order to be [*prepare/served*] **select one**on[*him/her*] **select one**. * the officer had reasonable grounds to believe that the requirement to remain at [*Enter description of place, address*] for as long as necessary for the Interim Intervention Order to be prepared and served would not be complied with by [*Enter full name, date of birth*]. * **Must complete if section 34(2) selected above otherwise delete** to allow documents to be prepared and servedas: * [*Enter full name*] [*refused/failed*] **select one**to comply with the requirement to remain at [*Enter description of place, address*]for long as may be necessary for an Application for an Intervention Order to be made and determined and, if an Interim Intervention Order is issued by the Court, for the order to be prepared and served. * the officer had reasonable grounds to believe that the requirement to remain at [*Enter description of place, address*] for as long as necessary for an Intervention Order to be determined and, if an Interim Intervention Order is issued by the Court, for the order to be prepared and served by [*Enter full name, date of birth*]. * **Must complete** **section 34(3) selected above otherwise delete** to allow documents to be served as [*Enter full name*] [*refused/failed*] **select one**to comply with the requirement to remain at [*Enter description of place, address*]for long as may be necessary, accompany a police officer to the nearest police station for the or the Intervention Order to be served. * **Must complete if section 35(1) selected above** **otherwise delete** [*to enable measures to be taken immediately for the protection of the person protected by the Interim Intervention Order/to prevent the immediate commission of abuse against a person protected by the order*] select one*.* * [*Enter other*] |

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| **The Subject**   |  |  | | --- | --- | | Name: | [*full name*] | | **full name** | | Date of birth: | [*Enter date of birth*] | | **date of birth** | | Drivers licence number: | [*Enter licence number*] | | **licence number** | | Gender: | [*Enter gender]* | | **gender** |   **Details of Intervention Order (if applicable)**   |  |  | | --- | --- | | Date Intervention Order made: | [*date*] | | **date** | | AP Number: | [*Enter number*] | | **number** | |

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| **Accompanying Documents**  Accompanying this Application is a:   * Draft order **mandatory** * Supporting Affidavit **mandatory** * If other additional document(s) please list below: |