

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:****Hearing Location:**

## 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**

Applicant	Commissioner of Police		
Name of responsible officer <small>If applicable</small>	Full Name		
Responsible officer details <small>If applicable</small>	Rank/position	Number/identifier	
Name of law firm/solicitor <small>If any</small>	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		

**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 detention for 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 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 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 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 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]

**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

**Accompanying Documents**

Accompanying this Application is a:

- Draft order mandatory
- Supporting Affidavit mandatory
- If other additional document(s) please list below: