□ [other]

To be inserted by Court					
Case Number:					
Date Filed:					
FDN:					
Hearing Date and Time:					
Hearing Location:					
			_		
ORIGINATING API	PLICATION	EX PARTE -	REGISTRATION FO	OREIGN ORDER	
[MAGISTRATES/YOUTH] sei	lect one COURT OF	SOUTH AUSTRAL	.IA		
SPECIAL STATUTORY JUR	ISDICTION				
[<i>FULL NAME</i>] Applicant					
Applicant					
	Full Name				
Name of responsible officer if applicable	Full Name				
Responsible officer details				Number/identifier	
Name of law firm/solicitor	Rank/position		Number/identifier		
	Law Firm		Responsible Solicitor		
Address for service					
	Street Address (includ	ing unit or level number and na	ime of property if required)		
	City/town/suburb	State	Postcode	Country	
	Funcil address				
Phone Details	Email address				
	Type (eg. home; work;	mobile) – Number	Another number (optional)		
	_				
Application Details					
Matter type:					
This Application is to registe	er a Foreign [<i>Inte</i>	ervention/Restraining	n/other] selections Order		
		veridon// testranini	grother selectione order.		
This Application is made un Enter Act and section or other particular p					
		30 of the <i>Interventio</i>	n Orders (Prevention of Abu Procedure Act 1921	se) Act 2009.	

Date of birth if known:

The Applicant seeks the following orders:
1. The Registration of the Foreign [Intervention/Restraining/other] select one Order described below, made under: section [5/16C] select one of the Child Protection (Offenders Prohibition Orders) Act 2004 (NSW). section 72 of the Child Protection (Offender Reporting and Registration) Act 2004 (NT). section 66I of the Sex Offenders Registration Act 2004 (Vic). section 13C of the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004 (Qld). section 9 of the Community Protection (Offender Reporting) Act 2005 (Tas). section [15/18C] select one of the Crimes (Child Sex Offenders) Act 2005 (ACT). section [19/90] select one Community Protection (Offender Reporting) Act 2004 (WA). section 89 of the Children's and Young People's Well-being Act 1989 (NZ). [Enter other].
□ [other orders including any necessary adaptations or modifications to the order requested].
This Application is made on the grounds □ set out in the accompanying Affidavit sworn by [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 foreign order State of Issue [Enter State] Order reference number [Enter number] Court of issue [Enter name of Court of issue] name of Court Date Foreign Order made [date] date Date Foreign Order expires [date] If applicable date Date Foreign Order served on the [date] Subject Subject to Foreign Restraining Order Subject [name] name Address [Enter street] Street: include unit or level number and/or name of property where necessary [Enter postcode] [Enter country] [Enter [Enter state] city/town/suburb] city/town/suburb postcode Country Email address if known [Enter email address] email address Telephone number if known [Enter alternative phone number] [Enter phone number] phone number alternative phone number

[Enter date of birth]

date of birth

Must complete if Intervention Order selected above, or Order [Protected person/Person for whos	ler for the protection/benefit of a particular person e benefit order was made] provision for multiple			
Full name	[full name]			
Date of birth	[Enter date of birth] date of birth			
Relationship to the Respondent at the time the Foreign Order was made	 □ Partner/spouse □ Child □ Step-child □ Parent □ Step-parent □ Sibling □ Relative □ Neighbour □ Other 			
Reasons for requesting registration of the Foreign Order in South Australia [Enter reasons]				
Accompanying Documents				
Accompanying this Application is a:				
 □ Draft order mandatory □ Supporting Affidavit mandatory □ If other additional document(s) please 	ease list below:			