Form 5J

To be inserted by Court
Case Number:
Date Filed:
FDN:

ORIGINATING APPLICATION EX PARTE – SURVEILLANCE WARRANT

SUPREME COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION

[*FULL NAME*]
Applicant

Applicant				
	Full name			
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**
	Email address			
Phone Details	**Type (eg. home; work; mobile) – Number**		**Another number (optional)**	

Application Details

Matter type: [*Enter matter type*]

This Application is for:
☐   a Surveillance Warrant.
☐   renewal of a Surveillance Warrant.
☐   variation of a Surveillance Warrant.
☐   confirmation of a Surveillance Authority (Emergency).

This Application relates to an investigation by [*Enter name of body*] into [*Enter details of the investigation*].

This Application is made under section [*19/22*] Select one of the *Surveillance Devices Act* 2016.

The Applicant seeks the following orders:
Orders sought in separately numbered paragraphs.

☐   1.   to use [*Enter number*] of [*Enter type of surveillance device*].

☐   2.   to enter or interfere with [*Enter address of premises*] for the purposes of installing, using, maintaining and retrieving [*Enter number*] of [*Enter type of surveillance device*].

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☐ 3. to interfere with [*Enter description of vehicle*] for the purposes of installing, using, maintaining and retrieving [*Enter number*] of [*Enter type of surveillance device*].

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
There were circumstances of urgency making it appropriate for the Chief Officer to issue a Surveillance Device (Emergency) Authority on the grounds set out in the accompanying Affidavit sworn by [*name*] on [*date*].

The Applicant [*is/is not*] **select one** the officer primarily responsible for executing the warrant.
if applicable The name of the responsible officer is [*name*].

The Applicant requests that the warrant be in force for [*Enter number*] days. **Section 19(2) provides that a Warrant may not be in force for more than 90 days.**

Only complete if applicable otherwise delete
The relevant names and code names identified in the warrant are: [*Enter names and code names*].

Accompanying Documents

Accompanying this Application is a:

☐ Draft Warrant/Order **mandatory**
☐ Supporting Affidavit **mandatory**
☐ If other additional document(s) please list below:

Retention of Documents

The Applicant proposes that the Court retain this Application and the associated documents for [*Enter period*] and then:

☐ return the documents to the Applicant.
☐ destroy the documents.