**ORIGINATING APPLICATION FOR REVIEW – PROBLEM GAMBLING FAMILY PROTECTION ORDER OR DECISION**

MAGISTRATESCOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

**Duplicate panel if multiple Applicants**

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| 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)** | |

**Duplicate panel if multiple Respondents**

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| Respondent |  | | | | |
| **Full Name** | | | | |
| Address |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
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| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. home; work; mobile) – Number** | | | **Another number (optional)** | |

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| Interested Party | Liquor and Gambling Commissioner | | | | |
| **Full Name** | | | | |
| Address |  | | | | |
| **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** | | | **Another number (optional)** | |

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| **Application Details**  Matter type: [*Enter matter type*]  This Application is for review of the Decision identified below that  **Enter summary of Decision in one sentence**  This Application is made under section 16 of the *Problem Gambling Family Protection Orders Act* 2004*.*  **Decision subject of Application**   |  |  | | --- | --- | | Date of Decision | [*Enter date of decision*] | | **date** | | Date Notice of Decision received | [*Enter date notice of decision received*] | | **date** | | Tribunal/Agency/Decision Maker being reviewed | Liquor and Gambling Commissioner | |  | | Name of individual Decision Maker  **if known** | [*Enter decision maker’s name*] | | **decision maker’s name** | | Reference number of Tribunal/Agency/Decision Maker  **if known** | [*Enter number]* | | **number** |   Orders challenged  **Enter only the orders sought to be reviewed in separate numbered paragraphs**  **Grounds of Review**  **Enter grounds of review in separately numbered paragraphs**  **Orders sought**  **Enter orders sought in addition to, or in place of, the orders made in separate numbered paragraphs**   * 1. A stay of the [*whole/part*] **select one** of the Decision pending the determination of the Application. * 2. A variation of [*whole/part*] **select one** of the Decision pending the determination of the Application. [*Enter description of variation*]. * 3. [*Enter other orders*].   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**  **Complete only if applicable otherwise delete**  The Application is urgent because  **grounds in separately numbered paragraphs where more than one**  **Complete only if applicable otherwise delete**  **Hearing**  The Applicant requests that the Hearing be by written submissions only, because:  **Enter reasons in separate numbered paragraphs** |

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| **To the Other Parties: WARNING**  This Application will be considered at the hearing at the date and time set out at the top of this document.  If you wish to oppose the Application or make submissions about it:   * you **must** attend the hearing * if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must** file and serve on all parties an Affidavit within 14 days after service of the Application.   If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding without further warning.  For instructions on how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482. |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  Accompanying this Application is a:   * Multilingual Notice **mandatory** * Supporting Affidavit **mandatory unless application is of a specified type in which case it is optional** * A copy of the original Decision that is the subject of this Review **mandatory unless already exhibited to Affidavit** * If other additional document(s) please list below: |