

<p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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<p><b>Hearing Date and Time:</b></p> <p><b>Hearing Location:</b></p>
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## ORIGINATING APPLICATION FOR REVIEW – PROBLEM GAMBLING FAMILY PROTECTION ORDER OR DECISION

MAGISTRATES COURT OF SOUTH AUSTRALIA  
SPECIAL STATUTORY JURISDICTION

**[FULL NAME]**  
Applicant

**[FULL NAME]**  
Respondent

Duplicate panel if multiple Applicants

Applicant	<b>Full Name</b>		
Name of law firm/solicitor if any	<b>Law Firm</b>	<b>Responsible Solicitor</b>	
Address for service	<b>Street Address (including unit or level number and name of property if required)</b>		
	<b>City/town/suburb</b>	<b>State</b>	<b>Postcode</b>
	<b>Country</b>		
	<b>Email address</b>		
Phone Details	<b>Type (eg. home; work; mobile) – Number</b>		<b>Another number (optional)</b>

Duplicate panel if multiple Respondents

Respondent	Full Name		
Address	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)

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

**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 *[Enter decision maker's name]*  
if known decision maker's name

Reference number of Tribunal/Agency/Decision Maker *[Enter number]*  
if known number

Orders challenged  
Enter only the orders sought to be reviewed in separate numbered paragraphs  
 1.

**Grounds of Review**  
Enter grounds of review in separately numbered paragraphs  
 1.

### 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  
1.

Complete only if applicable otherwise delete

The Application is urgent because

grounds in separately numbered paragraphs where more than one

1.

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

1.

### 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>.

### Service

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

### 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: