**ORDER – MENTAL IMPAIRMENT CONTINUING SUPERVISION ORDER**

SUPREMECOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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| **Introduction****Hearing**Hearing Location: [*suburb*][*Hearing date*] [*Listed starting time*] Hearing type:[*Actual hearing start time*] - [*Actual hearing end time*][*Presiding Officer*]**Appearances**[*Applicant Appearance Information*][*Respondent Appearance Information*]**Remarks**(a) The Court has received a report of at least one legally qualified medical practitioner (nominated by a prescribed authority) who has examined the Respondent and reported to the Court as to the mental condition of the Respondent including a diagnosis and prognosis of the condition and a suggested treatment plan for managing the Respondent’s condition.(b) Pursuant to section 269UA of the *Criminal Law Consolidation Act 1935*, the Court is satisfied that the Respondent could, if unsupervised, pose a serious risk to the safety of the community or a member of the community if not supervised under a continuing supervision order. |

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| **Order****Date of Order**: [*date*]**Terms of Order**Pursuant to section 269UA of the *Criminal Law Consolidation Act 1935*, it is ordered that:**Orders in separately numbered paragraphs**1. the Respondent is to be subject to a Continuing Supervision Order until further order.
2. the Respondent is
* committed to detention
* released on conditional licence subject to the conditions below.
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| **Conditions of Licence** |
| **General** |
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 |  | The Respondent must be of good behaviour and obey the conditions of this Order. |
| **Supervision** |
|  |  | **Adult Only** The Respondent be supervised by a Department for Correctional Services Community Corrections Officer (‘the Supervising Officer’) nominated by the Parole Board and the Respondent must obey their reasonable directions about non-medical matters.  |
|  |  | **Youth Only** The Respondent be supervised by aWomen’s and Children’s Health Network – Child and Adolescent Mental Health Service Officer [*and a Department of Human Services Youth Justice Officer*] (‘the Supervising Officer’) and the Respondent must obey their reasonable directions about non-medical matters.  |
|  |  | **Adult Only** The Respondent be under the care of the Clinical Director (‘the Director’) of the South Australian Forensic Mental Health Service (‘the Service’) or a consultant psychiatrist nominated by the Director (‘the nominee’), and obey their reasonable directions about medical and psychiatric treatment and medication; and further that the Respondent be psychiatrically reviewed on a regular basis as directed by the Director or the nominee. |
|  |  | **Youth Only** The Respondent be under the care of the Clinical Director (‘the Director’) of the Women’s and Children’s Health Network – Child and Adolescent Mental Health Service (‘the Service’) or a consultant psychiatrist nominated by the Director (‘the nominee’), and obey their reasonable directions about medical and psychiatric treatment and medication; and further that the Respondent be psychiatrically reviewed on a regular basis as directed by the Director or the nominee. |
|  |  | If the Director or nominee thinks it appropriate, management of the treatment and monitoring of the Respondent’s mental health can be transferred to a key worker at one of the regional mental health teams closest to their place of residence, or any other designated service provider (‘the nominee’), and they must obey their reasonable directions about the treatment and monitoring of their mental health. |
|  |  | If the Director or nominee thinks it appropriate, management of the treatment and monitoring of the Respondent’s mental health can be transferred to a local Community Mental Health Team, who shall case manage them in conjunction with the NDIS funded service provider [*and a NDIS Aboriginal Cultural Advisor* **delete if not applicable**] and they must obey the Director’s reasonable directions about the treatment and monitoring of their mental health.  |
| **Residence (place of living)** |
|  |  | The Respondent must reside at an address nominated or approved by the Supervising Officer and must not change residence without prior approval from the Supervising Officer. |
|  |  | The Respondent must live at [*name of facility and address*] and must not to leave that facility unless authorised by the Director or the nominee. While they live at [*name of facility*], they must cooperate with the rehabilitation program.  |
|  |  | The Respondent is allowed, at the discretion of the Director or nominee, periods of leave away from [*name of facility*] for medical treatment [*or rehabilitation*] approved by the Director or the nominee, but only if they are escorted at all times during such periods of leave by at least [*number*] staff member(s) employed or nominated by the Service.  |
|  |  | The Respondent is allowed periods of accompanied and unaccompanied day and overnight leave away from [*name of facility*] for rehabilitation reasons, as approved by the Director or nominee. |
|  |  | After a period of successful overnight leave, the Respondent, or the Director or the nominee may apply to the Court for a variation of these conditions so that they are discharged from [*name of facility*] to reside in the community. Such application may not be made for at least 6 months from the date of a previous application for variation or revocation having been refused. |
|  |  | The Respondent must stay at the required address [*between the hours of* [*time*] *and* [*time*]] and the Respondent must be at an entrance to that address if asked to by the Supervising Officer or a Police Officer, unless absent: 1. for emergency medical or dental treatment, to avoid or reduce a serious risk of death or injury to the Respondent or another; or
2. for any other reason approved by the Supervising Officer.
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|  |  | For a period of [*no. of years/months/days*] from the date of this Order the Respondent must stay at the approved place of residence [*between the hours of [time] and [time]*] and be at an entrance to that address if asked to by the Supervising Officer or a Police Officer, or any other person authorised to carry out a curfew check, unless absent:1. for emergency medical or dental treatment; or
2. to avoid or reduce serious risk of death or injury to themselves or another; or
3. for any other reason approved by the Supervising Officer.
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|  |  | If an emergency requires the Respondent to move to another facility or address, they must not move until they have obtained the permission of their Department for Correctional Services Supervising Officer or the Parole Board. |
|  |  | The Respondent must wear an electronic transmitter and obey the [*Department for Correctional Services/Department of Human Services*] rules of electronic monitoring, including charging the transmitter daily and any other lawful directions given to them by the Supervising Officer [*or Parole Board*]. |
| **Programs** |
|  |  | The Respondent’s case be managed by the [*name of unit/team*] at [*name of facility*]and the Respondent must obey the reasonable directions of that team or any person authorised by that team to give such directions, particularly for going to appointments nominated by that team or the authorised person. |
|  |  | The Respondent’s case be managed by the Forensic Community Mental Health Team, [*in conjunction with the NDIS funded service provider* **delete if not applicable**] [*and a NDIS Aboriginal Cultural Advisor* **delete if not applicable**] and the Respondent must obey the reasonable directions of that team, particularly for going to appointments nominated by the team[*s*] [*or advisor*].  |
|  |  | The Respondent must attend for assessment and, if assessed as suitable, go to and complete any: 1. psychiatric, psychological or medical assessment, treatment, counselling, or therapy programs, including for drug abuse;
2. educational, vocational or recreational programs;
3. intervention program;
4. programs and projects,

that the Director or the nominee reasonably directs. |
|  |  | The Respondent must obey the reasonable directions of the Supervising Officer with respect to:1. counselling;
2. psychological treatment;
3. going to rehabilitation assessments;
4. vocational or occupational programs;
5. drug and alcohol rehabilitation programs.
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|  |  | The Respondent must be referred to a clinical psychologist for cognitive-behavioural therapy to assist, particularly in the area of anxiety management and treatment. |
|  |  | The Respondent must obey in every respect any treatment plan prepared or directed by the Director or the nominee.  |
|  |  | The Respondent must continue to receive their medication current at the date of this Order. No alteration or reduction of that medication is allowed without the prior approval of the Director or the nominee. |
|  |  | The Respondent must submit to random blood screening at the direction of the Director or the nominee, to ensure that medication is taken as prescribed. |
| **Drugs and Alcohol** |
|  |  | The Respondent must not use, possess (have), or consume:1. alcohol
2. any drug, including any narcotic or psychotropic drug, that is not prescribed by a medical doctor registered in South Australia or legally available in another way, and then only at the prescribed or recommended dosage
3. [*other*]

and the Respondent must have any tests that are needed to check if they are obeying these orders as directed by the Supervising Officer [*or Parole Board*]*.* The Respondent must sign all needed forms and obey all of the testing procedures. |
| **Firearms** |
|  |  | The Respondent is prohibited from possessing a firearm (gun of any sort), ammunition (both within the meaning of the *Firearms Act 2015*) or any part of a firearm. |
|  |  | The Respondent must submit to such tests (including testing without notice) for gunshot residue as may be reasonably required by the Supervising Officer or a member of the South Australian Police. |
|  |  | The Respondent must hand in any firearm, ammunition or any part of a firearm owned or possessed by them as soon as possible at a Police Station.  |
| **Offensive Weapons** |
|  |  | The Respondent must not possess an offensive weapon unless the Court permits them to possess such a weapon and they comply with the terms and conditions of the permission. |
| **Association** |
|  |  | The Respondent must not go to or stay within [*description of location or area, including boundaries*] unless they:1. are with a person approved by the Supervising Officer or
2. have permission beforehand from the Supervising Officer.
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|  |  | The Respondent must not go to or stay within [*the following locations or areas/the locations or areas delineated on Map(s) [x] annexed and bordered by the following roads*]: * [*description of location(s) or area(s), including boundaries/roads*]

other than for the reasons of:* attending educational, recreational or therapeutic programs as directed by the Director or the nominee;
* passing through continuously on public or private transport;
* visiting[*insert place/address*].
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|  |  | The Respondent must not go to or stay within the [*the following locations or areas/the locations or areas delineated on Map(s) [x] annexed and bordered by the following roads*]: * [*description of location(s) or area(s), including boundaries/roads*]
1. on any day other than one specific day per [*week/fortnight/month/year*] that day being [*i.e. first day of each month*]; and
2. other than for the reasons of:
* attending educational, recreational or therapeutic programs as directed by theRespondent’s Supervising Officer;
* passing through continuously on public or private transport;
* visiting[*insert place/address*].
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|  |  | Despite the terms of this Order, the Respondent is allowed to:1. travel on but not stop on [*list roads*];
2. enter or stop on [*insert place/address*] to catch public transport.
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|  |  | The Respondent must not directly or indirectly approach, communicate with, contact, or go or stay within [*number*] metres of [*person(s) and/or class(es) of persons*]. |
|  |  | The Respondent must not directly or indirectly contact, attempt to contact, associate with, go near or stay near a child or person under the age of [*number*] years unless they are with a person approved by the Supervising Officer. The Respondent must sign all required forms and obey the directions of the Supervising Officer about the choice and approval of the approved person. For the avoidance of doubt, this condition does not prohibit contact where it is necessary and incidental to the Respondent performing essential activities of daily living, for example, shopping at a supermarket. |
|  |  | The Respondent must not go or stay within [*500 metres (half a kilometre)/other distance*] of any school, kindergarten, childcare centre, playground, public toilet or other places where children are regularly present. |
|  |  | The Respondent must not go or stay within [*number*] metres of the boundary of any place where [*name*] may live or work. |
|  |  | The Respondent must not do any child related work, including paid or voluntary work with people under 18 years old or participation in organisations which provide recreational, social, educational or other services to people of that age, and must not apply for child related work except[*specify exception(s)*]. |
|  |  | The Respondent must not assault, harass, threaten or intimidate [*name*]. |
|  |  | The Respondent must obey the terms of any active Intervention Order. |
| **Internet and Communication** |
|  |  | The Respondent must not possess (have) any telephone, mobile phone, computer or other telecommunication device that lets them communicate with any other person, including on the internet, or freely browse or search on the internet except [*specify device(s)*] and providing they have permission beforehand from the Supervising Officer.  |
| **Transitional Plan** |
|  |  | For the initial period of release on licence the Respondent must obey stages [*x*] and [*x*] of the transitional plan set out in the report and attachment of [*name of report writer*] dated [*date*] attached and marked “[*x*]”. |
|  |  | At the end of stage [*x*] of the transitional plan a report must be prepared for the Court by [*name of report writer*] to advise the Court as to the success or otherwise of the transition plan. At that point, an application may be made to vary the Supervision Order to implement further stages of the transition plan. |
|  |  | At any point, the transitional plan can be suspended by the Director or the nominee and the matter be brought back to Court for further consideration. |
|  |  | An activity plan must be prepared each week detailing the Respondent’s proposed leave arrangement. A copy of this plan is then to be emailed each week to the nominated South Australian Police liaison officer. |
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| **Travel** |
|  |  | The Respondent must not leave or attempt to leave South Australia for any reason without obtaining the written approval of the Supervising Officer at least seven (7) days prior to travel. |
|  |  | The Respondent must not drive, purchase, possess (have) or sit in the driver’s seat of a motor vehicle [*for a period of no. of years/months/weeks/days*]. |
|  |  | The Respondent must tell the Supervising Officer in advance of an intention to travel in any motor vehicle, including private or public transport. |
|  |  | The Respondent must give up any passport they have to the Registrar of the [*Court*] at [*location*] and must not apply for a new passport. |
|  |  | The Respondent must not enter any point of international departure such as an airport or seaport. **selecting this option will tell the Australian Federal Police** |
| **Other Conditions** |
|  |  | [*Other conditions*]  |

**Warning only displayed if release on licence**

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| **To the Respondent: WARNING**If you do not comply with the licence conditions:* You may be arrested.
* You may be committed to detention until further order.
* The conditions of this continuing supervision order may be varied to impose more stringent conditions.
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| **Authentication**…………………………………………Signature of Court Officer[*title and name*] |

**Acknowledgement only displayed if release on licence**

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| **Acknowledgement by Respondent**I acknowledge that I have received a copy of this Continuing Supervision Order. * I understand the licence conditions and I understand what will happen if I fail to comply with these conditions.

…………………………………………Signature of Respondent…………………………………………Name printed………………………….Date**Witness**………………………………………………Signature of authorised witness**witness must be the Judicial Officer making order, the registrar or deputy registrar of a Court, a justice of the peace, a police officer of or above the rank of sergeant or the responsible officer for a police station, the manager of a training centre if the Respondent is in a training centre, the person in charge of a prison if the Respondent is in a prison, or a delegate of any of these persons or any other person or class of persons specified by the Court****next item not displayed if witness is Judicial Officer making order**………………………………………….Printed name and title of witness **stamp here if applicable**………………………….Date |