**WARRANT OF COMMITMENT – MENTAL IMPAIRMENT CONTINUING SUPERVISON ORDER DETENTION**

**Criminal Law Consolidation Act 1935 s 269UB(1)**

SUPREMECOURT OF SOUTH AUSTRALIA

SPECIAL JURISDICTION

**STATE OF SOUTH AUSTRALIA**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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| 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** |
| Date of Birth/Licence no |  |  |
| **Date of Birth** | **Driver’s Licence no (if any)** |
| Phone Details |  |  |
| **Type (eg. Home; work; mobile) – Number** | **Another number** |

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| **To: the Sheriff** **the Commissioner of Police for the State of South Australia and each member of the Police Force for the State** **the Minister for Health and Wellbeing****Recitals**1. By order dated [*date*] the Court declared that the Respondent be liable to continuing supervision.
2. The Respondent has been committed to a term of detention to commence on [*date*] and remain in place until further order of this Court.

**Warrant**1. The Sheriff and the Commissioner of Police and members of the police force are directed to take the Respondent to a secured approved treatment centre within the meaning of section 96 of the *Mental Health Act 2009* nominated by the Minister of Health and Wellbeing.
2. The Minister for Health and Wellbeing is directed to receive and detain the Respondent for the period of time specified in this warrant.
3. Accompanying this warrant insofar as it is provided to the Minister for Health and Wellbeing is a copy of the Information(s) in respect of which the Respondent was originally declared liable to supervision.
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| **Authentication**…………………………………………Signature of Court Officer[*title and name*]Date warrant signed: [*date*] |