Form 102BD

Case Number:
Date Signed:
FDN:

SEARCH WARRANT
Human Services (Medicare) Act 1973 (Cth)

A DESIGNATED MAGISTRATE OF THE MAGISTRATES COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION

[*FULL NAME*]
Applicant

Duplicate panel if multiple parties

Person the subject of this warrant				
Subject	**Full Name**			
Address for service	**Street Address (including unit or level number and name of property if required)**			
	City/town/suburb	**State**	**Postcode**	**Country**

To [[*name and/or position*]/other]

Recitals

An Application has been made on [*date*] by authorised officer, [*name and/or office*] under section[*s*] 8Y [*and 8Z*] of the *Human Services (Medicare) Act 1973* (Cth) for the issue of a warrant.

The Magistrate is satisfied on information given [*on oath/by affirmation/by electronic means*] [*and further information/affidavit/other*] that:

☐ (a) an authorised officer seeks to enter and the search the premises described below [*and seize evidential material on or in the premises*].

☐ (b) there are reasonable grounds to suspect that there may be on or in the premises described below particular evidential material as described below in relation to [*description of offence/civil contravention*].

☐ (c) the execution of the warrant will not cause an unreasonable invasion of any patient's privacy.

☐ (d) there are reasonable grounds for the issue of the warrant under section 8Y of the *Human Services (Medicare) Act 1973* (Cth).

Warrant

This warrant authorises the person and persons to whom this warrant addresses with such assistants and by such force as is necessary and reasonable to:

☐ enter and search [*description of premises, address*] for [*description of purpose, description of kind of evidential material*].

☐ seize evidential material of the kind referred to above found on or in [*description of premises, address*].

☐ [*other – specify*].

This warrant:

☐ may be executed at any time of day.

☐ must not be executed between the hours of [*time*] and [*time*].

☐ may be executed between the hours of [*time*] and [*time*].

☐ [*other*].

Expiration

This warrant expires on [*date/time*], being a date not more than 7 days after the issue of this warrant.

This warrant does [*not*] authorise the exercise of powers in relation to records containing clinical details relating to patients.

Authentication

…………………………………………
Signature of Magistrate
[*title and name*]