

<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 TO VARY OR REVOKE ORDER – CHILD SEX REGISTRABLE OFFENDER CONTROL ORDER

MAGISTRATES COURT OF SOUTH AUSTRALIA  
SPECIAL STATUTORY JURISDICTION

**[FULL NAME]**  
Applicant

**[FULL NAME]**  
Respondent

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	Number	Alternative number (optional)	

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	Number		Alternative number (optional)

### Application details

Matter type: [Enter matter type]

Original Case Number: [Enter original case number]

This Application is for

- variation of [a control/an interim control order].  
 revocation of [a control/an interim control order].

This Application is made under section 66JE of the *Child Sex Offenders Registration Act 2006*.

The applicant seeks the following orders:

Enter numbered paragraphs

1.

This Application is made on the grounds

- set out in the accompanying Affidavit sworn by [name] on [date].  
 that:  
Enter grounds in numbered paragraphs

Only complete if applicable otherwise delete

The Applicant seeks leave to make this application on the grounds

- set out in the accompanying Affidavit sworn by [name] on [date].  
 that:  
Provision for grounds in numbered paragraphs

Only complete if applicable otherwise delete

This Application is urgent on the grounds

- set out in the accompanying Affidavit sworn by [name] on [date].  
 that:  
Provision for grounds in numbered paragraphs  
1.

Only complete if applicable otherwise delete

This Application is made with the consent of the [Enter party title] [Enter name] as evidenced by [Enter evidence] eg letter or email from party's solicitor provision for multiple

**To the Respondent: 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; and
- 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 against you** 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:

- Supporting Affidavit mandatory
- Evidence of the consent of the other parties mandatory if relying on consent
- If other additional document(s) please list below: