Form 111Ce

To be inserted by Court
Case Number:
Date Filed:
FDN:

Hearing Date and Time:
Hearing Location:

ORIGINATING APPLICATION TO VARY OR REVOKE ORDER – HIGH RISK OFFENDERS CONTINUING DETENTION ORDER
Criminal Law (High Risk Offenders) Act 2015 s 19

SUPREME 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)**

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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			
Phone Details	**Number**		**Alternative number (optional)**	

Application Details

Matter type: [*Enter matter type*]

This Application is to [*vary/revoke*] _{select one} a Continuing Detention Order.

Original Case Number: [*Enter original case number*]

This Application is made under section 19 of the *Criminal Law (High Risk Offenders) Act 2015.*

The [*Applicant/Respondent*] _{select one} was made subject to an Extended Supervision Order on [*date*] by [*Enter name of Judicial Officer*], commencing on [*date*] for a period of [*years/months*] _{select one}.

On [*date*] an order made for Continuing Detention was made, commencing on [*date*] and due to expire on [*date*].

☐ The variation to the Continuing Detention Order sought is: [*Enter variation*]

The Applicant _{select one} seeks the following orders:
Enter orders sought in separately numbered paragraphs.

    ☐ 1. The following conditions of the Continuing Detention Order made on [*Enter date*] [*Enter Court file number*] be varied
        provision for multiple [*Enter details of variation*]
    ☐ 2.   The Continuing Detention Order made on [*Enter date*] [*Enter Court file number*] be revoked.
    ☐ 3.   [*Enter any other orders sought*]

This Application is made on the grounds
    ☐ set out in the accompanying Affidavit sworn by [*Enter full name*] on [*Enter date*].
    ☐ that:
      Enter grounds in numbered paragraphs
     1.

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 [*Enter full name*] on [*Enter date*].
    ☐ that:
      Enter 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 within14 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:

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