**ORIGINATING APPLICATION TO VARY OR REVOKE ORDER – HIGH RISK OFFENDERS CONTINUING DETENTION ORDER**

**Criminal Law (High Risk Offenders) Act 2015 s 19**

SUPREMECOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**……………………………………………………………………………………………………………Full name**

**Applicant**

**……………………………………………………………………………………………………………Full name**

**Respondent**

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| 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)** | | | | |
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| **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)** | |

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter type: ……………………………………………..  This Application is to vary / revoke **Circle one** a Continuing Detention Order.  Original Case Number: ……………………………………..  This Application is made under section 19 of the *Criminal Law (High Risk Offenders) Act 2015.*  The Applicant / Respondent **circle 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 **Circle 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 seeks the following orders: **select one**  **Enter orders sought in separately numbered paragraphs.**  [ ] 1. The following conditions of the Continuing Detention Order made on ……………………………….**date** ……………………**Enter Court file number**be varied:   * **provision for multiple** ………………………………………………………………………………………………..   …………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…….………………**Enter details of variation**  [ ] 2. The Continuing Detention Order made on ……………………………….**date** ……………………**Enter Court file number** be revoked.  [ ] 3. …………………………..…………………………………………………………………………………………….  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any other orders sought**  This Application is made on the grounds  [ ] set out in the accompanying Affidavit sworn by …………………………………**full name** on  ………………………………..**date**  [ ] that:  **Enter grounds in numbered paragraphs**  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 **Only complete if applicable otherwise mark as N/A**  The Applicant seeks leave to make this application on the grounds  [ ] set out in the accompanying Affidavit sworn by …………………………………**full name** on  ………………………………..**date**  [ ] that:  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  **Only complete if applicable otherwise mark as N/A**  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** |

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| **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 |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying documents**  **Mark appropriate sections below with an ‘x’**  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:  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………. |