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## ORIGINATING APPLICATION TO VARY OR REVOKE ORDER – HIGH RISK OFFENDERS EXTENDED SUPERVISION ORDER

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)	

Respondent	Full Name			
Address				
	Street Address (including unit or	level number and name of prope	rty if required)	
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Number Alternative number (optional)			
Date of birth and licence	Number		Alternative number (optional)	
number	Date of birth		Driver's Licence number	
Application details				
Matter type: [matter type]				
Original Case Number: [ <i>En</i>	ter original case numbe	r]		
This Application to [vary/rev	/oke] an Extended Sup	ervision Order.		
This Application is made ur	nder section 13 of the C	riminal Law (High Ris	sk Offenders) Act 2015.	
The [Applicant/Respondent] was made subject to an Extended Supervision Order on [date] by [Judicial Officer], commencing on [date] for a period of [years/months].				
☐ The variation to the Extended Supervision Order sought is: [insert]				
The Applicant seeks the following orders:  Orders sought in separately numbered paragraphs.				
☐ 1. The following conditions of the Extended Supervision Order made on [date] [Court file number] by [Judicial Officer], the order commencing on [date] for a period of [number] years be varied:  provision for multiple [details of variation]				
□ 2. The Extended Supervision Order made on [date] [Court file number] by [Judicial Officer], the order commencing on [date] for a period of [number] years be revoked.				
☐ 3. [any other orders				
This Application is made 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 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				

Only complete if applicable otherwise delete

This Application is made with the consent of the [party title] [name] as evidenced by [set out 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					
Accom	panying 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:				