

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

**Hearing Date and Time:****Hearing Location:**

## INTERLOCUTORY APPLICATION TO VARY OR REVOKE ORDER – HIGH RISK OFFENDERS INTERIM SUPERVISION ORDER

SUPREME COURT OF SOUTH AUSTRALIA  
SPECIAL STATUTORY JURISDICTION

**[FULL NAME]**  
Applicant

**[FULL NAME]**  
Respondent

Applicant				
	<b>Full Name</b>			
Name of law firm/solicitor If any				
	<b>Law Firm</b>		<b>Responsible Solicitor</b>	
Address for service				
	<b>Street Address (including unit or level number and name of property if required)</b>			
	<b>City/town/suburb</b>	<b>State</b>	<b>Postcode</b>	<b>Country</b>
	<b>Email address</b>			
Phone Details				
	<b>Number</b>		<b>Alternative number (optional)</b>	

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)
	Date of birth and licence number		Driver's Licence number

### Application details

This Application is for [*variation/revocation*] of interim supervision order.

This Application is made under section 13 of the *Criminal Law (High Risk Offenders) Act 2015*.

The Respondent was made subject to an Interim Supervision Order on [*date*] by [*Judicial Officer*], commencing on [*date*].

The following orders are sought:

Orders sought in separately numbered paragraphs.

- ☐ 1. The following conditions of the Interim Supervision Order made on [*date*] [*Court file number*] by [*Judicial Officer*], the order commencing on [*date*] be varied:  
provision for multiple [*details of variation*]
- ☐ 2. The Interim Supervision Order made on [*date*] [*Court file number*] by [*Judicial Officer*], the order commencing on [*date*] be revoked.
- ☐ 3. [*any other orders sought*]

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

**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:

- ☐ Multilingual Notice mandatory
- ☐ Supporting Affidavit optional
- ☐ Evidence of the consent of the other parties mandatory if relying on consent

If other additional document(s) please list below: