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| <b>To be inserted by Court</b><br><br>Case Number:<br><br>Date Filed:<br><br>FDN:          |
| <b>Hearing Date and Time:</b><br><br><b>Hearing Location:</b><br>75 Wright Street Adelaide |

**ORIGINATING APPLICATION - CARE AND PROTECTION ORDER**

**Children and Young People (Safety) Act 2017 s 53(1)**

YOUTH COURT OF SOUTH AUSTRALIA  
CARE AND PROTECTION JURISDICTION

**Specify the FULL NAME of each party.  
Include a party number if more than one party of the same type. Add additional parties as required.**

CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION

Applicant

AND

Parent/Guardian 1

Parent/Guardian 2

Child 1 (DOB: .....)

Child 2 (DOB: .....)

Child 3 (DOB: .....)

Other Party

**Instructions:**

Please fill in all of the details requested in this form.

If any details of a party are unknown, indicate 'Unknown' in the appropriate box.

If a party is deceased, please indicate their full name with the word 'Deceased' in brackets after their name.

Duplicate the relevant details box for multiple parties of the same type.

For boxes '[ ]', mark 'X' in the appropriate box.

**To the lodging party: WARNING**

It is intended that this document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, mark this information as **'Withheld'** and **provide these details** to the Youth Court Registry via a separate form.

**Pre-Action Steps**

Has a Family Group Conference taken place? Yes [ ] No [ ]

Does section 59(2) apply? Yes [ ] No [ ]

Has an Instrument of Guardianship or Restraining Notice been lodged? Yes [ ] No [ ]

Has the child/children been removed? Yes [ ] No [ ]

**Child the subject of this Application**

|               |  |  |  |
|---------------|--|--|--|
| Child         | Full Name  |  |  |
| Date of Birth | Day - Month - Year   |  |  |
| Ethnicity     | Is the Child an Aboriginal or Torres Strait Islander?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Aboriginal<br><input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Both<br><input type="checkbox"/> No<br><input type="checkbox"/> (Other - please specify) |  |  |

Add additional child/children if required

**Filed by the Applicant**

|                                |  |             |                  |
|--------------------------------|--|-------------|------------------|
| Applicant                      | THE CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION   |             |                  |
| Name of Law Firm and Solicitor | Crown Solicitor's Office, Public Law Section<br>Law Firm   | Solicitor   |                  |
| Address for Service            | Level 17, 10 Franklin Street<br>Street Address (including unit or level number and name of property if required) |             |                  |
|                                | Adelaide<br>City/town/suburb   | SA<br>State | 5000<br>Postcode |

|               |   |
|---------------|---|
|               | <a href="mailto:childprotection@sa.gov.au">childprotection@sa.gov.au</a><br>Email address |
| Phone Details | Office - 8207 1510<br>Type - Number   |

|   |  |       |          |
|---|--|-------|----------|
| <b>Parent/Guardian 1 of [Insert name of child/children]</b> |  |       |          |
| Full Name   | Full Name  |       |          |
| Date of Birth   | Day-Month-Year   |       |          |
| Address   | Street Address (including unit or level number and name of property if required) |       |          |
|   | City/town/suburb   | State | Postcode |
|   | Country  |       |          |
|   | Email address  |       |          |
| Phone Details   | Type - Number  |       |          |

|   |  |       |          |
|---|--|-------|----------|
| <b>Parent/Guardian 2 of [Insert name of child/children]</b> |  |       |          |
| Full Name   | Full Name  |       |          |
| Date of Birth   | Day-Month-Year   |       |          |
| Address   | Street Address (including unit or level number and name of property if required) |       |          |
|   | City/town/suburb   | State | Postcode |
|   | Country  |       |          |
|   | Email address  |       |          |
| Phone Details   | Type - Number  |       |          |

|                    |  |       |          |
|--------------------|--|-------|----------|
| <b>Other Party</b> |  |       |          |
| Full Name          | 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      | Type - Number  |       |          |

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| <b>Application Details</b><br>This Application is made for orders under the <i>Children and Young People (Safety) Act 2017</i> . |
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**The Applicant seeks the following orders:**

*(Tick the relevant boxes below and provide the orders sought in full below)*

- |                          |  |                             |
|--------------------------|--|-----------------------------|
| <input type="checkbox"/> | A party be under the supervision of the Chief Executive and enter into a written undertaking (not exceeding 12 months) in the following terms:<br>1.<br>2.<br>3. | Section 53(1)(a)            |
| <input type="checkbox"/> | Examination and assessment of the child/ren  | Section 53(1)(b)            |
| <input type="checkbox"/> | Assessment of the parent/guardian  | Section 53(1)(c)            |
| <input type="checkbox"/> | Order preventing the removal of the child/ren from the State   | Section 53(1)(d)            |
| <input type="checkbox"/> | Guardianship order not exceeding 12 months   | Section 53(1)(e) and/or (f) |
| <input type="checkbox"/> | Guardianship order until the child/ren attain/s 18 years of age  | Section 53(1)(g) and/or (h) |
| <input type="checkbox"/> | Custody order not exceeding 12 months  | Section 53(1)(i)            |
| <input type="checkbox"/> | Order granting custody to the Chief Executive  | Section 53(1)(j)            |
| <input type="checkbox"/> | Order to refrain   | Section 53(1)(k)            |
| <input type="checkbox"/> | Order to revoke an instrument of guardianship or restraining notice  | Section 53(1)(l)            |
| <input type="checkbox"/> | Consequential or ancillary orders  | Section 53(1)(m)            |
| <input type="checkbox"/> | The Instrument of Guardianship dated [date] be varied  | Section 45(6)               |
| <input type="checkbox"/> | The Instrument of Guardianship dated [date] be extended  | Section 47                  |
| <input type="checkbox"/> | The Restraining Notice dated [date] be extended  | Section 47                  |
| <input type="checkbox"/> | [Other orders sought – e.g. the Application dated [date] is amended]   |                             |

**Set out orders sought in separately numbered paragraphs**

1.

This Application is made on the grounds set out in:

- [ ] the accompanying Affidavit sworn by [full name] on the day of 20 .
- [ ] the accompanying report by [name] dated [Day-Month-Year].
- [ ] the accompanying document being [document description].

**Grounds of Application**

**(Outline in separately numbered paragraphs and attach additional pages if necessary).**

1.  
2.  
3.

**To the other parties: WARNING**

The Applicant has applied for orders set out in this Application.

The facts that support this Application are set out in the accompanying documentation.

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
- **you may be required to file a Response** at a later stage.

If you do not attend the Court hearing, orders may be made without further warning.

### **Service**

It is intended to serve this Application on all other parties.

It is not intended to serve this Application on the following parties: *[list names]*

because *[reasons]*

This document must be served in accordance with legislation and the Rules of Court.

### **Accompanying Documents**

Accompanying service of this Application is a:

Supporting Affidavit (optional)

If other additional document(s) please list them below: