

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

**ORIGINATING APPLICATION - REVIEW OF DECISION TO TRANSFER CHILD PROTECTION  
ORDER INTERSTATE TO A PARTICIPATING STATE**  
**Children and Young People (Safety) Act 2017 s 126(2)**

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.**

Applicant

AND

CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION  
Respondent

Child 1 (DOB: .....)

Child 2 (DOB: .....)

Child 3 (DOB: .....)

**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.

**Applicant**

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		

**Respondent**

Respondent	THE CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION		
Name of Law Firm and Solicitor	Crown Solicitor's Office, Public Law Section		Solicitor
	Law Firm		
Address for Service	Level 17, 10 Franklin Street		
	Street Address (including unit or level number and name of property if required)		
	Adelaide	SA	5000
	City/town/suburb	State	Postcode
	Country		
	<a href="mailto:childprotection@sa.gov.au">childprotection@sa.gov.au</a>		
	Email address		
Phone Details	Office - 8207 1510		
	Type - Number		

<b>Child</b>	
Full Name	Full Name
Date of Birth	Day-Month-Year
Ethnicity	<p>Is the Child an Aboriginal or Torres Strait Islander?</p> <p>[    ] Yes</p> <p>    [    ] Aboriginal</p> <p>    [    ] Torres Strait Islander</p> <p>    [    ] Both</p> <p>[    ] No</p> <p>[    ] (<i>Other – please specify</i>)</p>

Add additional child/children if required

**Application Details**

This Application is made for orders under the *Children and Young People (Safety) Act 2017*.

**The Applicant seeks the following orders:**

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

Affirm the decision subject of the review; or Section 126(7)(a)

Rescind the decision; or Section 126(7)(b)

Rescind the decision and substitute a decision that the Court considers appropriate; or Section 126(7)(c)

Remit the subject matter of the review to the Chief Executive for reconsideration in accordance with any directions or recommendations of the Court. Section 126(7)(d)

Consequential or ancillary orders Section 126(7)

**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: