Form CP2A

|  |  |  |
| --- | --- | --- |
| **To be inserted by Court** | |  |
| Case Number:  Date Filed:  FDN: | |  |
| **Hearing Date and Time:** |  |  |
| **Hearing Location:**  75 Wright Street Adelaide |  |  |

**ORIGINATING APPLICATION - [*VARY / REVOKE / EXTEND / DISCHARGE* ] INSTRUMENT OF GUARDIANSHIP**

**Children and Young People (Safety) Act 2017 ss 45(5), 45(6), 47 and 53(1)(l)**

YOUTHCOURT OF SOUTH AUSTRALIA

CARE AND PROTECTION JURISDICTION

**Please 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

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. |

|  |  |
| --- | --- |
| **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?  [ ] Yes  [ ] Aboriginal  [ ] Torres Strait Islander  [ ] Both  [ ] No  [ ] (*Other – please specify*) |

**Add aditional child/children if required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filed by the Applicant** | | | | |
| Applicant | **Full Name** | | | |
| Party Title | [ ] Chief Executive/Minister **Mandatory for Application to Discharge or Extend**  [ ] Parent  [ ] Guardian  [ ] Other Party | | | |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | | **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 | **Type - Number** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian 1 of *[Insert name of child/children*]** | | | | |
| 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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian 2 of *[Insert name of child/children*]** | | | | |
| 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** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Party** | | | | |
| 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** | | | |

|  |
| --- |
| **Application Details**  The Applicant seeks an Order pursuant to the *Children and Young People (Safety) Act* 2017.  **The Applicant seeks the following orders:**  The Instrument of Guardianship dated [*date*] be extended (**Only applicable if the Applicant is the Chief Executive/Minister).**  The Instrument of Guardianship dated [*date*] be discharged (**Only applicable if the Applicant is the Chief Executive/Minister).**  The Instrument of Guardianship dated [*date*] be revoked in its entirety (section 55(1)) (Not **applicable unless an order under section 50(1) has been made).**  The Instrument of Guardianship dated [*date*] be varied to [*variations sought*] (section 55(1)).  [*Other orders sought in separately numbered paragraphs*]  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 (Please outline in separately numbered paragraphs and attach additional pages if necessary).** |

|  |
| --- |
| **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:     * 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: |