

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

**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)

YOUTH COURT 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? <input type="checkbox"/> Yes <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No <input type="checkbox"/> (Other – please specify)		

Add additional child/children if required

Filed by the Applicant

Applicant	Full Name		
Party Title	<input type="checkbox"/> Chief Executive/Minister <small>Mandatory for Application to Discharge or Extend</small> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other Party		
Name of Law Firm and Solicitor <small>If any</small>	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
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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		

<p>Application Details</p> <p>The Applicant seeks an Order pursuant to the <i>Children and Young People (Safety) Act 2017</i>.</p> <p>The Applicant seeks the following orders:</p> <p><input type="checkbox"/> The Instrument of Guardianship dated [date] be extended (Only applicable if the Applicant is the Chief Executive/Minister).</p>

- 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]

- 1.
- 2.
- 3.

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).

- 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:

- 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: