Form CP3

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

**NOTICE - LODGEMENT OF [ *INSTRUMENT OF GUARDIANSHIP / RESTRAINING NOTICE / INTERSTATE ORDER* ]**

**Children and Young People (Safety) Act 2017 ss 45(4), 46(4) and 134(1)**

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

|  |
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| **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. |

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| **Child the subject of this Application** | |
| Name | **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**

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| **Person subject to the qualifying offence (Please include all aliases and names the person is known by)** | | | | |
| Full Name |  | | | |
| Other Known Aliases |  | | | |
| Address for Service | **Street Address (including unit or level number and name of property if required)** | | | |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| Phone Details | **Type - Number** | | | |
| Email | **Email address** | | | |

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| **Filed by the Applicant** | | | | |
| Full Name | THE CHIEF EXECUTIVE OF THE DEPARTMENT FOR CHILD PROTECTION | | | |
| Name of Law Firm and Solicitor | Crown Solicitor’s Office, Public Law Section | | | |
| Address for Service | Level 17, 10 Franklin Street  **Street Address (including unit or level number and name of property if required)** | | | |
| Adelaide  **City/town/suburb** | SA  **State** | 5000  **Postcode** | Australia  **Country** |
| [childprotection@sa.gov.au](mailto:childprotection@sa.gov.au)  **Email address** | | | |
| Phone Details | Office - 8207 1510  **Type – Number** | | | |

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| **Matter Type:**  [ ] An Instrument of Guardianship is lodged with the Court under section 45(4)(b) of the *Children and Young Person (Safety) Act* *2017*.  [ ] A Restraining Notice is lodged with the Court under section 46(4)(b) of the *Children and Young Person   (Safety) Act 2017*.  [ ] The interstate order of the [*Name of Court, including State*], File No: [*number*], is registered in the State of South Australia (section 134(1)).  [ ] The interstate order of the [*Name of Court, including State*], File No: [*number*], to transfer child protection proceedings, together with a copy of the interim order, is registered in the State of South Australia. (section 134(2)).  [ ] [*Other document lodged*] |

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| **Accompanying Documents**  The following documents accompany this Order:  **(Please list below in numbered paragraphs)** |

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| **Service**  This notice must be served on the offender in accordance with the legislation and the Rules of Court. |