#### Form CP5

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

# INTERLOCUTORY APPLICATION - INTERESTED PERSON TO BE HEARD

Children and Young People (Safety) Act 2017 s 66

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: .....)

Chief Executive of the Department for Child Protection

Other Party

# Instructions:

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

Filed by the Interested Person					
Interested Person					
	Full Name				
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				

# **Application Details**

This Application is for permission to make submissions at the hearing on [full date].

This Application is made under section 66 of the Children and Young People (Safety) Act 2017 by:

- [ ] a member of the child or young person's family (section 66(a));
- [ ] a person who has at any time had the care of the child or young person (section 66(b));
- [ ] a person who has counselled, advised or aided the child or young person (section 66(c)).

# The Applicant seeks the following orders: (List orders sought in separately numbered paragraphs).

1. Permission to make submissions at the hearing on [full date].

2.

3.

This Application is made on the grounds set out in:

- [ ] the Application as below.
- [ ] the accompanying Affidavit sworn by [*full name*] on the day of 20.

# **Grounds of Application**

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

- 1. 2.
- 3.

### To the other parties: WARNING

The abovenamed person, not being a party to the proceedings, applies to make submissions to the Court regarding the child/children.

The Application will be considered at the trial 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.

## 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: