Form CP8

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| **To be inserted by Court** |  |
| Case Number: Date Filed:FDN: |  |

**UNDERTAKING**

 **Children and Young People (Safety) Act 2017 s 53(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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| **Filed by the Applicant:** |
| Full Name | **Full Name**  |
| Party Title | [ ] Chief Executive/Minister [ ] Parent[ ] Guardian[ ] Other Party**Mark appropriate section with an ‘x’** |
| 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** |

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| **Details of the Person Entering into the Undertaking** |
| Full Name | **Full Name**  |
| Address for Service | **Street Address (including unit or level number and name of property if required)** |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** |
| Occupation | **Occupation** |

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| **Undertaking**This Undertaking is entered into in relation to an Application for **(Nature of Application in one sentence).**I, [*full name of person entering undertaking*], undertake and agree to: **(List terms in separately numbered paragraphs and add additional paragraphs as necessary).**1.2. 3.  ...................................................................... Signature of Person Entering Undertaking........................................................................... Full Name........................................................................... Date |

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| **Witness**Taken before me and duplicate notices given to the person entering into the undertaking on the date below. ............................................................................ Signature of Authorised Witness ............................................................................ Full Name and Title of Authorised Witness Date: / /20 Time: am/pm |

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| **Note:**The person entering into this undertaking must sign and date this undertaking in the presence of an authorised witness.Persons authorised to witness this undertaking are:1. a Registrar or Deputy Registrar (or any other officer of the Court whom the Registrar has assigned for this purpose);

(b) a public notary;(c) a Commissioner for taking Affidavits;(d) a justice of the peace for South Australia;(e) any other person authorised by law to witness undertakings. |