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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |