Form YTO2

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

**ORIGINATING APPLICATION - VARY OR REVOKE ORDER**

**Controlled Substances Act 1984 Part 7A s 54F**

YOUTHCOURT OF SOUTH AUSTRALIA

GENERAL JURISDICTION

IN THE MATTER OF

Please specify the Full Name for each party. Each party should include a party number is more than one party of the same type.

Applicant

Child

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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.Duplicate the relevant details box for multiple parties of the same type. An Affidavit must be filed with this Application.For boxes ‘[ ]’, mark ‘X’ in the appropriate box.  |

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| **Filed by Applicant**  |
| Name of Applicant  | **Full Name**  |
| What type of party are you? | [ ]  Individual[ ]  Organisation[ ]  Regular Party |
| If you are a regular party, provide your Regular Party Id: |
| 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** |
| The applicant’s relationship to the child | Tick one that is applicable:* Family member of the relevant child (s 54C(c)(i))
* Person holding or acting in the office of Public Advocate under the *Guardianship and Administration Act 1993* (s 54C(c)(ii))
* Officer of the Attorney-General’s Department (s 54C(c)(iii))
* Chief Executive of the administrative unit of the Public Service as specified in the Act (s 54C(c)(iv))
* Medical practitioner providing treatment to the relevant child in relation to the child’s use of controlled drugs (s 54C(c)(v))
* Person who has a proper interest (s 54C(c)(vi))

If there are proceedings before the Court in which the relevant child is being prosecuted for an offence:* Person authorised by the Director of Public Prosecutions to make such an application (s 54C(a))
* Person authorised by the Commissioner of Police to make such an application (s 54C(a))

If there are proceedings before the Court under child protection law relating to the relevant child:* The relevant Chief Executive as specified in the Act (s 54C(b))
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| **Child** |
| Name of Child | **Full Name**  |
| Date of Birth | **Date-Month-Year** |
| 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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| **Application type:** What type of order is the child currently subject to?[ ]  Assessment Order [ ]  Treatment Order [ ]  Detention Order [ ]  Consequential or Ancillary Order **Guardianship of the Child:**Is the child currently in the custody or under the guardianship of the Chief Executive of the Department for Child Protection? [ ]  Yes [ ]  No**This Application is made under the *Controlled Substances Act 1984* section 54F to:**[ ]  **Vary the following Order:** [ ]  Assessment Order (s 54B(1)(a)) [ ]  Treatment Order (s 54B(1)(b))  [ ]  Detention Order (s 54B(1)(c)) [ ]  Consequential or Ancillary Order (s 54B(1)(d))made in relation to the child named in the original Application by the Youth Court on [*date*]. Provide original court file number you wish to vary: OR: [ ]  **Revoke the following Order:**  [ ]  Assessment Order (s 54B(1)(a)) [ ]  Treatment Order (s 54B(1)(b)) [ ]  Detention Order (s 54B(1)(c)) [ ]  Consequential or Ancillary Order (s 54B(1)(d))made in relation to the child named in the original Application by the Youth Court on [*date*]. Provide original court file number you wish to revoke: |

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| **Grounds of application:**Outline in separately numbered paragraphs and attach additional pages if necessary. |

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| **Accompanying Documents**Accompanying service of this Application is a:[ ] Supporting Affidavit (required)[ ] Statement of Rights (required) (located on the CAA website: [www.courts.sa.gov.au](http://www.courts.sa.gov.au))[ ] If other additional document(s) (e.g. medical reports) list below: |

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| **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.  |