Form YTO2A

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

**APPLICATION TO VARY OR REVOKE ORDER BY A CHILD**

**Controlled Substances Act 1984 Part 7A s 54F(1)(b)**

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.

Child

Respondent

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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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| **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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| **Respondent** | | | | |
| Name of Respondent | **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** | | | |

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| **Application type:**  Is the child currently detained under a detention order?  Yes  No  **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 how there has been a substantial change in the circumstances since the making of the order 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. |