Form YTO2A

To be inserted by Court	
Case Number:	
Date Filed:	
FDN:	
Usering Data and Times	
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)

YOUTH COURT 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

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.

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 o	r level number and name of prope	rty if required)			
	Street Address (including diff o					
	City/town/suburb	State	Postcode	Country		
	Email address					
Phone Details						
	Type - Number					

Respondent							
Name of Respondent							
	Full Name						
Name of Law Firm and							
Solicitor If any	1 E1		O-U-Italian				
Address for Service	Law Firm Solicitor						
	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 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:

- \Box Assessment Order (s 54B(1)(a))
- □ Treatment Order (s 54B(1)(b))
- \Box 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))
- \Box 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:

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.

- 1.
- 2.
- 3.

Accompanying Documents

Accompanying service of this Application is a:

- [] Supporting Affidavit (required)
- [] Statement of Rights (required) (located on the CAA website: <u>www.courts.sa.gov.au</u>)
- [] If other additional document(s) (e.g. medical reports) list below:

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.