

To be inserted by Court

Case Number:

Date Filed:

FDN:

**ORDER [YOUTH TREATMENT ORDER OR VARY/REVOKE ORDER]**  
**Controlled Substances Act 1984 – Part 7A**

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.

Applicant 1

Only displayed if applicable  
Applicant 2

Child

## FINAL ORDERS:

### Assessment Order Particulars:

It is ordered that:

1. The abovenamed child *[Name]* attend the assessment service *[Name]* ('the Service') and participate in the assessment at *[time]* and for a period of *[period]*; and
2. The assessment service *[Name]* provide a report to the Applicant, the child (or person representing the child) and the Court within 5 business day of the child's assessment.

*[Outline other requirements specified in the order – section 54B(1)(a)(i)]*

*[Other orders– If applicable]:*

The following consequential or ancillary orders are made:

List Orders in separately numbered paragraphs:

- 1.
- 2.
- 3.

### Treatment Order Particulars:

It is ordered that:

1. The abovenamed child *[Name]* attend the treatment service *[Name]* ('the Service') and participate in the treatment by attending *[number]* sessions for a period of *[period]*; and
2. The treatment service *[Name]* provide a report to the Applicant, the child (or person representing the child) and the Court within 5 business days of the conclusion of the child's treatment.

*[Outline other requirements specified in the order –section 54B(b)(i)]*

*[Other orders– If applicable]:*

The following consequential or ancillary orders are made:

List Orders in separately numbered paragraphs:

- 1.
- 2.
- 3.

### Detention Order Particulars:

It is ordered that:

1. The abovenamed child *[Name]* be detained at *[Name of facility]* from *[specify start to end date]* for the purpose of ensuring compliance with an Assessment Order or Treatment Order
2. Adjourned for review on X, then for reviewing every X until finalisation of the order.
3. The assessment service *[name]* and Kurlana Tapa provide a Detention Order Review Report to the applicant, the child, and the Court at least 5 business days before the next date for the review.

*[Outline other requirements specified in the order – section 54B(1)(c)]*

*[Other orders– If applicable]:*

The following consequential or ancillary orders are made:

List Orders in separately numbered paragraphs:

- 1.
- 2.
- 3.

### Vary/Revoke Order Particulars:

It is ordered that:

1. The Order made on [date] is varied in the following way

[outline details].

2. The Order made on [date] is not revoked.

[outline details].

3. [Other – If applicable]

**Costs Order Particulars:**

[outline details]

**To the [nominated Assessment Service/nominated Treatment Service] & [Department of Human Services]**

The Court has ordered that the abovenamed Child be subject to:

Assessment Order

Treatment Order (to expire DATE)

**To the [Chief Executive of the Attorney General's Department]**

The Court has ordered that the abovenamed Child be subject to:

Detention Order

Only displayed if variation or revocation made:

**To the [Chief Executive of the Attorney General's Department], [nominated Assessment Service/nominated Treatment Service] and [Department of Human Services]**

The Court has made the following variation/revocation of the Order made on [date] in relation to the abovenamed Child:

Details of revocation:

- 1.
- 2.
- 3.

**Accompanying Documents**

Accompanying this Order:

Statement of rights outlining the relevant legal and other rights of the child in relation to the order.

**Authentication**

Court use only

.....  
Signature of Registrar

Date Order sealed: