

South Australia
Youth Court (Care and Protection) Rules 2018
(Schedule of Forms)

By virtue and in pursuance of section 32 of the *Youth Court Act 1993* and all other enabling powers, we, the Judge of the Court and the Magistrates who are members of the principal judiciary of the Court, approve the following *Youth Court (Care and Protection) Rules 2018* Schedule of Forms.

1. The current Schedule to the *Youth Court (Care and Protection) Rules 2018* is deleted and the following Schedule is substituted:

Schedule 1—Forms

Form CP1 Application for Care and Protection Order or to Vary, Extend or Revoke Instrument of Guardianship

Form CP1

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
<p>Hearing Date and Time:</p> <p>Hearing Location: 75 Wright Street Adelaide</p>

APPLICATION FOR [CARE AND PROTECTION ORDERS/TO VARY AN INSTRUMENT OF GUARDIANSHIP/TO EXTEND AN INSTRUMENT OF GUARDIANSHIP OR RESTRAINING NOTICE/TO REVOKE AN INSTRUMENT OF GUARDIANSHIP OR RESTRAINING NOTICE]

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required
Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Pre-Action Steps

Mark appropriate sections below with an 'x'

Has a Family Group Conference taken place? Yes [] No []

Does section 59(2) apply? Yes [] No []

Has an Instrument of Guardianship or Restraining Notice been lodged? Yes [] No []

Child the subject of this Application (Please duplicate box if multiple children)

Child	Full Name
Date of birth	Date of birth
Ethnicity	Ethnicity

Filed by the Applicant

Applicant	The Chief Executive of the Department for Child Protection		
Name of law firm / solicitor if any	Crown Solicitor's Office, Public Law Section Law Firm	Solicitor	
Address for service	Level 17, 10 Franklin Street Street Address (including unit or level number and name of property if required)		
	Adelaide City/town/suburb	SA State	5000 Postcode
	childprotection@sa.gov.au Email address		
Phone Details	8207 1510 Type - Number		

Parent/Guardian 1

Full Name	Full Name		
Date of Birth	Day-Month-Year		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Email address		
Phone Details	Type - Number		

Parent/Guardian 2			
Full Name	Full Name		
Date of Birth	Day-Month-Year		
Address	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		

Other Party			
Full Name	Full Name		
Address	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		

Duplicate panel if multiple other parties

Application Details
<p>Mark appropriate sections below with an 'x'</p> <p>This Application is for Nature of Application in one sentence</p> <p>This Application is made for orders under s 53(1) of the <i>Children and Young People (Safety) Act 2017</i>.</p> <p>The Applicant seeks the following orders:</p> <p><input type="checkbox"/> An order requiring—</p> <ul style="list-style-type: none"> <input type="checkbox"/> (i) the child or young person; or <input type="checkbox"/> (ii) a parent or guardian of the child or young person; or <input type="checkbox"/> (iii) any other person who has the care of the child or young person to enter into a written undertaking in accordance with the legislation (s 53(1)(a)). <p><input type="checkbox"/> An order authorising or requiring examination and assessment of the child or young person (s 53(1)(b)).</p> <p><input type="checkbox"/> An order authorising or directing the assessment of a parent, guardian or other person who has, or is responsible for, the care of the child or young person in accordance with the legislation (s 53(1)(c)).</p> <p><input type="checkbox"/> In the case of a child or young person who is at risk of being removed from the State for a purpose referred to in section 18(1)(c)—such orders as the Court thinks necessary or appropriate to prevent the child or young person from being so removed, including (without limiting the generality of this paragraph)—</p> <ul style="list-style-type: none"> <input type="checkbox"/> (i) an order preventing a specified person from removing the child or young person from the State; or

- (ii) an order requiring that the child or young person's passport be held by the Court for a period specified in the order or until further order (s 53(1)(d)), or
- Other
- An order placing the child or young person, for a specified period not exceeding 12 months, under the guardianship of the Chief Executive (s 53(1)(e)).
- An order placing the child or young person, for a specified period not exceeding 12 months, under the guardianship of a specified person or persons (not exceeding 2) (s 53(1)(f)).
- An order placing the child or young person under the guardianship of the Chief Executive until they attain 18 years of age (s 53(1)(g)).
- An order placing the child or young person under the guardianship of a specified person or persons (not exceeding 2) until they attain 18 years of age (s 53(1)(h)).
- An order granting custody of the child or young person, for a specified period not exceeding 12 months, to—
 - (i) a parent or guardian of the child or young person; or
 - (ii) a member of the child or young person's family; or
 - (iii) any other person that the Court thinks appropriate in the circumstances of the case (s 53(1)(h)).
- An order granting custody of the child or young person to the Chief Executive (s 53(1)(j)).
- An order directing a person to do 1 or more of the following:
 - (i) to cease or refrain from residing in the same premises as the child or young person;
 - (ii) to refrain from coming within a specified distance of a specified place;
 - (iii) to do any specified thing, or to refrain from doing any specified thing, in order to minimise the risk of harm to the child or young person (s 53(1)(k)).
- An order revoking an instrument of guardianship dated [date] (s 53(1)(l)).
- An order revoking a restraining notice dated [date] (s 53(1)(l)).
- Such consequential or ancillary orders as the Court thinks fit, including (without limiting the generality of this paragraph) an order—
 - (i) requiring a person who has guardianship or custody of the child or young person pursuant to an order of the Court to care for the child or young person in a specified way; or
 - (ii) requiring a parent, guardian or other person who has the care of a child or young person to undertake specified courses of instruction, or programmed activities, in order to increase their capacity to care for the child or young person (s 53(1)(m)).
- The instrument of guardianship dated [date] be varied as follows (s 45(6)):
 - 1.
 - 2.
 - 3.
- The instrument of guardianship dated [date] be extended until [date] (s 47).
- The restraining notice dated [date] be extended until [date] (s 47).

The following is to be displayed on all Application types

- [Any other orders sought]
 - 1.
 - 2.
 - 3.

This Application is made on the grounds

[] set out in the Application as below:

[] set out in the accompanying Affidavit sworn by [full name]
on the day of 20 .

[] set out in the accompanying report by [name] dated [date].

[] set out in the accompanying document being [document description].

Grounds and Particulars of Application

Outline each of the grounds of the Application together with the Particulars of the factual allegations for each ground:

Please outline in separately numbered paragraphs and attach additional pages if necessary.

1.

2.

3.

To the lodging party: WARNING

This document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, please mark this information as **'Withheld'** and provide those details to the Youth Court Registry separately.

To the other parties: WARNING

The Applicant has applied for orders set out in this Application.

The facts that support this Application are set out in the accompanying documentation.

This Application will be considered at the hearing at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it:

- you **must attend the hearing** and
- you **may be required to file a Response** at a later stage.

If you do not attend the Court hearing, orders may be made without further warning.

Service

Mark appropriate section below with an 'x'

- 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]*

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

- Supporting Affidavit (optional)
- If other additional document(s) please list them below:

Signature of Applicant/Applicant's Solicitor:

.....

Signature

.....

Name (Please print)

.....

Date

Form CP2 Application to Vary, Revoke or Discharge Care and Protection Order
Form CP2

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:
75 Wright Street Adelaide

APPLICATION TO [VARY/REVOKE/DISCHARGE] CARE AND PROTECTION ORDER

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Child the subject of this Application (Please duplicate box if multiple children)	
Child	Full Name
Date of birth	Date of Birth
Ethnicity	Ethnicity

Duplicate panel if multiple children

Filed by the Applicant					
Applicant	Full Name				
Party Title	<input type="checkbox"/> Chief Executive/Minister Mandatory for Application to Discharge <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other Party Mark appropriate section with an 'x'				
Name of law firm / solicitor if any	<table border="1"> <tr> <td>Law Firm</td> <td>Solicitor</td> </tr> </table>	Law Firm	Solicitor		
Law Firm	Solicitor				
Address for service	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

Parent/Guardian 1					
Full Name	Full Name				
Date of Birth	Day-Month-Year				
Address	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

Parent/Guardian 2			
Full Name	Full Name		
Date of Birth	Day-Month-Year		
Address	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		

Other Party			
Full Name	Full Name		
Address	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		

Duplicate panel if multiple other parties

Application Details
<p>Mark appropriate sections below with an 'x'</p> <p>This Application is for Nature of Application in one sentence</p> <p>The original order was made on [date].</p> <p>This Application is made to: <input type="checkbox"/> s 55(1) – Vary or revoke an order under s 53 <input type="checkbox"/> s 55(2) – Discharge an order under s 53 under the <i>Children and Young People (Safety) Act 2017</i>.</p> <p>The Applicant seeks the following orders:</p> <p><input type="checkbox"/> The Care and Protection order dated [date] be discharged (Only applicable if the Applicant is the Chief Executive/Minister).</p> <p><input type="checkbox"/> The Care and Protection order dated [date] be revoked in its entirety.</p> <p><input type="checkbox"/> The Care and Protection order dated [date] be varied to [variations sought].</p> <p><input type="checkbox"/> [Other orders sought in separately numbered paragraphs]</p>

- 1.
- 2.
- 3.

This Application is made on the grounds set out in:

[] set out in the Application below.

[] set out in the accompanying Affidavit sworn by [full name] on the day of 20 .

[] set out in the report attached.

Grounds and Particulars of Application

Outline each of the grounds of the Application together with the Particulars of the factual allegations for each ground:

Please outline in separately numbered paragraphs and attach additional pages if necessary.

- 1.
- 2.
- 3.

To the lodging party: WARNING

This document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, please mark this information as **'Withheld'** and provide those details to the Youth Court Registry separately.

To the other parties: WARNING

The Applicant has applied for orders set out in this Application.

The facts that support this Application are set out in the accompanying documentation.

This Application will be considered at the hearing at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it you:

- you **must attend the hearing** and
- **you may be required to file a Response** at a later stage.
- If you do not attend the Court hearing, orders may be made without further warning.

Service

Mark appropriate section below with an 'x'

- 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]*

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

- Supporting Affidavit (optional)
- If other additional document(s) please list them below:

Signature of Applicant/Applicant's Solicitor:

.....
Signature

.....
Name (Please print)

.....
Date

Form CP3 Notice of Lodgement of Instrument
Form CP3

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:
75 Wright Street Adelaide

**NOTICE OF LODGEMENT OF INSTRUMENT OF GUARDIANSHIP/RESTRAINING NOTICE
WITH THE COURT**

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required
Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Child the subject of this Application (Please duplicate box if multiple children)	
Name	Full Name
Date of birth	Date of birth
Ethnicity	Ethnicity

Duplicate panel if multiple children

Person subject to the qualifying offence:				
Full Name				
Address for service	Street Address (including unit or level number and name of property if required)			
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode
City/town/suburb	State	Postcode	Country	
Phone Details	Type - Number			

Filed by the Applicant					
Full Name	The Chief Executive of the Department for Child Protection				
Name of law firm / office	Crown Solicitor's Office, Public Law Section				
Address for service	Level 17, 10 Franklin Street Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>Adelaide City/town/suburb</td> <td>SA State</td> <td>5000 Postcode</td> <td>Australia Country</td> </tr> </table>	Adelaide City/town/suburb	SA State	5000 Postcode	Australia Country
	Adelaide City/town/suburb	SA State	5000 Postcode	Australia Country	
childprotection@sa.gov.au Email address					
Phone Details	8207 1510 Type - Number				

Parent/Guardian 1					
Full Name	Full Name				
Date of Birth	Day-Month-Year				
Address	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

Parent/Guardian 2			
Full Name	Full Name		
Date of Birth	Day-Month-Year		
Address	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		

Other Party			
Full Name	Full Name		
Address	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		

Duplicate panel if multiple other parties

Proceeding Details
Mark appropriate sections below with an 'x'
Matter Type:
<input type="checkbox"/> An Instrument of Guardianship is lodged with the Court under section 45(4)(b) of the <i>Children and Young Person (Safety) Act 2017</i> .
<input type="checkbox"/> A Restraining Notice is lodged with the Court under section 46(4)(b) of the <i>Children and Young Person (Safety) Act 2017</i> .

Service
This notice must be served on the offender in accordance with the Rules of Court/legislation unless the Rules or legislation provide otherwise.

Form CP4 Affidavit
Form CP4

To be inserted by Court

Case Number:

Date Filed:

FDN:

AFFIDAVIT

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF *[name[s] of child[ren]]*

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Filed by the [Party title]			
Party Role	Full Name		
Name of law firm / 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		

Deponent Details			
Deponent	Full Name		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Occupation	Occupation		

Affidavit
Mark appropriate section below with an 'x'

I [full name, address and occupation of deponent]
[] SWEAR ON OATH / [] DO TRULY AND SOLEMNLY AFFIRM THAT:
Set out text in separate numbered paragraphs
If the Affidavit relates to an Application, identify the Application and state the material facts relevant to the Application.

1.

Sworn/Affirmed ~~Delete whichever is inapplicable~~
By the abovenamed deponent

at [place]

on [date]

.....

Signature of deponent

before me

Signature and title of attesting witness

.....
Printed name and title of witness

Stamp here if applicable

.....
ID number of witness

If applicable

Instructions

- Each page of the Affidavit, including any exhibit(s), must be consecutively numbered starting with page 2. Please attach additional pages to the Affidavit as necessary.
- The Affidavit should be confined to facts and should not include submissions.
- The Affidavit should not reproduce material already contained in Affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to Affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found.
- An exhibit to an Affidavit must be clearly marked to identify it as the exhibit referred to in the Affidavit.
- A single 'front page' must be inserted in front of the exhibits in form 14.
- Each page of the Affidavit (but not any exhibit) must be signed by both the deponent and the witness.
- An Affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place.
- The deponent must swear or affirm the Affidavit before a person authorised by law to witness the swearing or affirming of Affidavits ('the witness'). Persons authorised to witness an Affidavit are:
 - (a) a Registrar or Deputy Registrar
 - (b) any other officer of the Court whom the Registrar has assigned for this purpose;
 - (c) a public notary;
 - (d) a commissioner for taking Affidavits;
 - (e) a justice of the peace for South Australia;
 - (f) any other person authorised by law to take Affidavits.
- The contents of an Affidavit cannot be altered after the Affidavit has been sworn or affirmed.
- The party serving an Affidavit must serve copies of all exhibits with the Affidavit.

Service

This Affidavit must be served on all parties in accordance with the Rules of Court/legislation unless the Rules or legislation provide otherwise.

Form CP5 Application for Interested Person(s) to be Heard

Form CP5

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
<p>Hearing Date and Time:</p> <p>Hearing Location: 75 Wright Street Adelaide</p>

APPLICATION FOR INTERESTED PERSON TO BE HEARD

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF *[name[s] of child[ren]]*

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Filed by the Interested Person			
Interested Person	Full Name		
Name of law firm / 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		

Duplicate panel if multiple Interested Persons

Application Details
<p>Mark appropriate sections below with an 'x'</p> <p>This Application is for permission to make submissions at the trial on [date].</p> <p>This Application is made under section 66 of the <i>Children and Young People (Safety) Act 2017</i> by:</p> <p>[] a member of the child or young person's family (s 66(a));</p> <p>[] a person who has at any time had the care of the child or young person (s 66(b));</p> <p>[] a person who has counselled, advised or aided the child or young person (s 66(c)).</p> <p>The Applicant seeks the following orders: Orders sought in separately numbered paragraphs.</p> <p>1. Permission to make submissions at the trial on [date].</p> <p>2.</p> <p>3.</p> <p>This Application is made on the grounds set out in:</p> <p>[] set out in the Application as below.</p> <p>[] set out in the accompanying Affidavit sworn by [full name] on the day of 20 .</p>

Particulars of Application
<p>Outline each of the particulars of the Application under section 66:</p> <p>Please outline in separately numbered paragraphs and attach additional pages if necessary.</p> <p>1.</p>

2.

3.

To the lodging party: WARNING

This document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, please mark this information as **'Withheld'** and provide those details to the Youth Court Registry separately.

To the other parties: WARNING

The abovenamed person, not being a party to the proceedings, applies to make submissions to the Court regarding the child/children.

The Application will be considered at the trial at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it:

- you **must attend the hearing** and
- **you may be required to file a Response** at a later stage.

Service

Mark appropriate section below with an 'x'

[] 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]*

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

[] Supporting Affidavit (optional)

[] If other additional document(s) please list them below:

Form CP6 Interlocutory Application

Form CP6

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

75 Wright Street Adelaide

INTERLOCUTORY APPLICATION

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Filed by the [Party title]			
Party Role	Full Name		
Name of law firm / 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		

Application Details

This Application is for
Nature of Application in one sentence

If applicable
This Application is made under
Act and section or other particular provision

The above-named party seeks the following orders:
Orders sought in separately numbered paragraphs.

-

This Application is made on the grounds set out in the accompanying Affidavit sworn by
[full name]
on [date]

If applicable
This Application is urgent on the grounds set out in the accompanying Affidavit sworn by
[full name]
on [date]

If applicable
This Application is by consent. The consent of the [party title] [name]
is evidenced by [set out evidence – eg letter or email from party’s solicitor]

To the lodging party: WARNING

This document will be served on all parties. If there is a safety concern and you do not wish to specify all of your personal information, please mark this information as **‘Withheld’** and provide those details to the Youth Court Registry separately.

To the other parties: WARNING

The abovenamed party has applied for orders set out in this Application based on the facts set out in the accompanying Affidavit.

This Application will be considered at the hearing at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it:

- you **must attend the hearing** and
- **you may be required to file a Response** at a later stage.

If you do not attend the Court hearing, orders may be made without further warning.

Service

Mark appropriate section below with an 'x'

The party filing this document is required to serve it on all other parties at least 2 clear business days prior to the next hearing.

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]*

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying this Application is a:

Supporting Affidavit (required)

If other additional document(s) please list them below:

Form CP7 Response
Form CP7

To be inserted by Court

Case Number:

Date Filed:

FDN:

RESPONSE

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Service

Mark appropriate section below with an 'x'

The party filing this document is required to serve it on all other parties at least 5 clear business days before the Pre-Trial Conference.

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]*

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying this Response is a:

Supporting Affidavit (optional)

If other additional document(s) please list them below:

Form CP8 Undertaking

Form CP8

To be inserted by Court

Case Number:

Date Filed:

FDN:

UNDERTAKING

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Filed by the [Party title]					
Party Role	Full Name				
Party Title	<input type="checkbox"/> Chief Executive/Minister <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other Party Mark appropriate section with an 'x'				
Name of law firm / solicitor if any	<table border="1"> <tr> <td>Law Firm</td> <td>Solicitor</td> </tr> </table>	Law Firm	Solicitor		
Law Firm	Solicitor				
Address for service	Street Address (including unit or level number and name of property if required)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Phone Details	Type - Number				

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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
Occupation	Occupation				

Undertaking
<p>This Undertaking is entered into in relation to an Application for <small>Nature of Application in one sentence</small></p> <p>on [date]</p> <p>I undertake to the Court as follows: <small>Set out text in separate numbered paragraphs</small></p> <p>1.</p>

I accept that I will be bound by the undertaking until [date] or excused by order of the Court. I acknowledge that if I do not comply with the conditions of this undertaking, that I will be guilty of an offence.

at [place]

on [date]

.....
Signature of person entering undertaking

.....
Name printed

before me
Signature of attesting witness

.....
Printed name and title of witness
Stamp here if applicable

.....
Date

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:

- (a) 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.

Form CP9 Affidavit of Service

Form CP9

To be inserted by Court

Case Number:

Date Filed:

FDN:

AFFIDAVIT OF SERVICE

YOUTH COURT OF SOUTH AUSTRALIA
CARE AND PROTECTION JURISDICTION

IN THE MATTER OF [*name[s] of child[ren]*]

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

Add additional applicants as required

Applicant

Parent/Guardian 1

Parent/Guardian 2

Child

Other Party

Chief Executive of the Department for Child Protection

Filed by the [Party title]			
Party Role	Full Name		
Name of law firm / 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		

Deponent Details			
Deponent	Full Name		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Occupation	Occupation		

<p>Affidavit Mark appropriate section below with an 'x'</p> <p>I [full name, address and occupation of deponent] [] SWEAR ON OATH / [] DO TRULY AND SOLEMNLY AFFIRM THAT:</p> <p>1. I served [insert name of person served] on [date] at [insert service location] with the following document(s): [describe document(s) served] by the following service method: [set out the method of service]</p> <p>If applicable At the time of service the person served stated [record what the person served said].</p> <p>Note: If the document served is already a document on the court file, it should not be attached to the Affidavit.</p> <p>Sworn/Affirmed <small>Delete whichever is inapplicable</small> By the abovenamed deponent</p> <p>at [place]</p> <p>on [date]</p>
--

.....
Signature of deponent

before me
Signature and title of attesting witness

.....
Printed name and title of witness
Stamp here if applicable

.....
ID number of witness
If applicable

Instructions

- Each page of the Affidavit, including any exhibit(s), must be consecutively numbered starting with page 2. Please attach additional pages to the Affidavit as necessary.
- The Affidavit should be confined to facts and should not include submissions.
- The Affidavit should not reproduce material already contained in Affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to Affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found.
- An exhibit to an Affidavit must be clearly marked to identify it as the exhibit referred to in the Affidavit.
- A single 'front page' must be inserted in front of the exhibits in form 14.
- Each page of the Affidavit (but not any exhibit) must be signed by both the deponent and the witness.
- An Affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place.
- The deponent must swear or affirm the Affidavit before a person authorised by law to witness the swearing or affirming of Affidavits ('the witness'). Persons authorised to witness an Affidavit are:
 - (a) a Registrar or Deputy Registrar
 - (b) any other officer of the Court whom the Registrar has assigned for this purpose;
 - (c) a public notary;
 - (d) a commissioner for taking Affidavits;
 - (e) a justice of the peace for South Australia;
 - (f) any other person authorised by law to take Affidavits.
- The contents of an Affidavit cannot be altered after the Affidavit has been sworn or affirmed.
- The party serving an Affidavit must serve copies of all exhibits with the Affidavit.

GIVEN under our hands and the Seal of the Youth Court of South Australia

this 17th day of June 2020.

_____ **Judge P. ELDRIDGE**

_____ **Magistrate L. DAVIS**

_____ **Magistrate D. WHITE**

_____ **Magistrate O. KOEHN**