Form 1Ze

To be inserted by Court
Case Number:
Date Filed:
FDN:

Hearing Date and Time:
Hearing Location:

ORIGINATING APPLICATION – SPENT CONVICTIONS ACT ORDER

[*MAGISTRATES/YOUTH*] **select one** COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION

[*FULL NAME*]
Applicant

Attorney-General for the State of South Australia
First Respondent

Commissioner of Police
Second Respondent

[*Minister for Disabilities Services/Minister for Child Protection*] **only complete if applicable otherwise delete**
Third Respondent

Complete next box if the Applicant is the convicted person otherwise delete

Applicant	**Full Name**			
Name of law firm/solicitor **If any**	**Law Firm**		**Responsible 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 (eg. Home; work; mobile) – Number**		**Another number (optional)**	
Date of Birth	**Date of birth**			

Form 1Ze

Complete next box if the Applicant is not the convicted person (If it is a section 8B and 8C applications otherwise delete

Applicant	**Full Name**			
Name of law firm/solicitor **If any**	**Law Firm**		**Responsible 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 (eg. Home; work; mobile) – Number**		**Another number (optional)**	
Convicted Person	**Full name**		**Date of Birth**	**Date of Death (if applicable)**
Convicted Person's Address **If applicable**	**Street Address (including unit or level number and name of property if required)**			
	City/town/suburb	**State**	**Postcode**	**Country**
Basis on which the Application is made	The convicted person is: ☐ deceased ☐ a person with a mental incapacity, namely [*Enter nature of mental incapacity*]			
Relationship with the Convicted Person	☐ the convicted person's spouse or domestic partner ☐ adult sibling or child of the convicted person ☐ the convicted person's appointed guardian ☐ the executor or administrator of the convicted person's estate ☐ other [*Enter details of relationship with the convicted person*]			

First Respondent	Attorney-General for the State of South Australia			
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 (eg. Home; work; mobile) – Number**		**Another number (optional)**	

Second Respondent	Commissioner for Police			
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 (eg. Home; work; mobile) – Number**		**Another number (optional)**	

Complete next box if application under section 13A relating to clause 7 of Schedule 1; otherwise delete

Form 1Ze

<table>
<tr><td>Third Respondent</td><td colspan="4">[Minister for Disabilities Services/Minister for Child Protection]
Full name</td></tr>
<tr><td rowspan="3">Address</td><td colspan="4">Street Address (including unit or level number and name of property if required)</td></tr>
<tr><td>City/town/suburb</td><td>State</td><td>Postcode</td><td>Country</td></tr>
<tr><td colspan="4">Email address</td></tr>
<tr><td>Phone Details</td><td colspan="2">Type (eg. Home; work; mobile) – Number</td><td colspan="2">Another number (optional)</td></tr>
</table>

Application Details

Matter type: [*Enter matter type*]

This Application is for

☐ 1. **provision for multiple** an order to have the following eligible sex offence[*s*] **select one** spent:

- [*Enter name of the offence*] under section [*Enter number*] of the [*Enter Act/Regulation/Other*] as recorded by [*Enter Court where the conviction recorded*] on [*Enter date*].
- for which the Court imposed [*Enter details of penalty*].

[*Enter details of any further information the Applicant would like to submit in support of the application (Enter circumstances and seriousness of offence, the circumstances of the Applicant etc)*]

☐ 2. **provision for multiple** an order to have the following designated sex-related offence[*s*] **select one** spent:

- [*Enter name of the offence or description of common law offence*] [*Enter under section [Enter number] of the* [*Enter Act/Regulation/Other*]] as recorded by [*Enter Court where the conviction recorded*] on [*Enter date*].
- for which the Court imposed [*Enter details of penalty*].

[*Enter details of any further information the Applicant would like to submit in support of the application (Enter circumstances and seriousness of offence, the circumstances of the Applicant etc)*]

☐ 3. **provision for multiple** an order to have the following prescribed public decency offence[s] **Select one** spent:

- [*Enter name of the offence or description of common law offence*] [*Enter under section [Enter number] of the* [*Enter Act/Regulation/Other*]] as recorded by [*Enter Court where the conviction recorded*] on [*Enter date*].
- for which the Court imposed [*Enter details of penalty*].

[*Enter details of any further information the Applicant would like to submit in support of the application (circumstances and seriousness of offence, the circumstances of the Applicant etc)*]

Has an Application been made to treat as spent [*Enter any of*] the above conviction[*s*] or findings of guilt in the past two years?

☐ Yes
☐ No

Only complete if you selected 'yes' above otherwise delete

The Application was to spend: **provision for multiple**

☐ [*name of the offence or description of the common law offence*] [*under section [Enter number] of the* [*Enter Act/Regulation/other*]] as recorded by [*Court where the conviction recorded or finding of guilt was made*] on [*date*].
☐ The Application was made on [*date*].
☐ The Application was refused on [*date*].

☐ [*Enter any further information the Applicant considers relevant*]

This Application is made under section[*s*] [*8A/[and]8B[and]/8C*] of the *Spent Convictions Act 2009.*

The Applicant seeks orders that:
Enter orders sought in separately numbered paragraphs.

1. The conviction[*s*] or finding set out in paragraph [*enter number(s)*] of this Application be spent.

Accompanying Documents

Accompanying this Application is a:

- ☐ National Police Certificate processed within 6 months before the date of filing this application **mandatory**
- ☐ A copy of any transcript or sentencing remarks in connection with the conviction **mandatory if available**

To the Applicant

- Regulation 5A of the *Spent Convictions Regulations 2011* provides the details and accompanying documents that an application under section 8A, section 8B or section 8C of the *Spent Convictions Act 2009* must set out or include. Please ensure that you have all the required details and accompanying documents in your application.
- You do not need to attend the hearing unless you are notified to do so by the Registrar.

To the Other Parties: WARNING

A qualified Magistrate is empowered to exercise a discretion pursuant to sub-clause 5(2) of Schedule 2 of the *Spent Convictions Act 2009* to conduct all or part of this proceeding on the basis of the documents in chambers unless a Respondent intervenes. If you wish to intervene and request a hearing in these proceedings you must file a Form 55 Response within 14 days after being served with this Application.