

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:**Hearing Location:****ORIGINATING APPLICATION – SPENT CONVICTIONS ACT ORDER**

MAGISTRATES / YOUTH circle 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 mark nil
Third Respondent

Complete next box if the Applicant is the convicted person otherwise mark as N/A

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 1Zh

Complete next box if the Applicant is not the convicted person (If it is a section 8B and 8C applications otherwise mark as N/A)

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		
Phone Details	Email address		
	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	Mark appropriate section below with an 'x' The convicted person is: [] deceased [] a person with a mental incapacity, namelyEnter nature of mental incapacity		
Relationship with the Convicted Person	Mark appropriate section below with an 'x' [] 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 [] otherEnter 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		
Phone Details	Email address		
	Type (eg. Home; work; mobile) – Number	Another number (optional)	

Only complete if application under section 13A relating to clause 1 of Schedule 1, otherwise mark as N/A			
Third Respondent	[Minister for Disabilities Services/Minister for Child Protection] 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 (eg. Home: work: mobile) – Number	Another number (optional)	

[illegible]

[] 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 the common law
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)

.....

.....

.....

.....

.....

.....

.....

[] 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 the common law
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)

.....

.....

.....

.....

.....

.....

.....

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 mark as N/A

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 Ondate
 [] The Application was made ondate
 [] The Application was refused ondate
 []

Enter any further information the Applicant considers relevant

This Application is made under section[s] 8A / [and] 8B [and] / 8C circle one 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 paragraphenter number(s) of this Application be spent.

Accompanying Documents

Mark appropriate sections below with an 'x'

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.