



Schedule 1 – clause 11 detention order OR clause 14 extension order
COVID-19 Emergency Response Act 2020

What to do	1. Complete this form and provide to SACAT by email: sacat@sacat.sa.gov.au 2. Provide a medical report from a doctor or psychologist about the person's mental capacity and how this affects the person's ability to make decisions in support of the application. The SACAT medical or psychological report form can be used.
Any questions?	About the application and hearing process - email or call us on 1800 723 767 About the legislation and what application you should make – contact OPA on 8342 8200

IMPORTANT: All sections marked with an asterisk **MUST* be completed

***1. Application purpose – select one only**

Detention of protected person (section 11)
(excluding initial 48 hour detention by prescribed person)

Extension of detention of protected person and other orders (section 14)

2. Applicant details

Title Ms Mr Mrs Dr Other (please specify)

*Given name(s)

*Family name

Relationship to protected person

Address

*Postal address

Suburb

State

Postcode

Telephone

Mobile

*Email

I am the:

Guardian Authorising Authority Prescribed person

If you are unsure which applies to you please contact OPA on 8342 8200 before proceeding with this application

3. Protected person details

Title Ms Mr Mrs Dr Other (please specify)

*Given name(s)

*Family name

*Date of birth / /

Gender Male Female

Does the person identify as Aboriginal or Torres Strait Islander Yes No

*Does the person require an interpreter? Yes No

Language/dialect:

Telephone number

Email (if applicable)

Name of accommodation premises

*Address of accommodation

*4. Guardianship Orders

Is this person subject to a Guardianship Order issued by SACAT where the guardian has the responsibility to make accommodation arrangements

Yes No

If yes, please provide the SACAT Reference Number

*5. Current detention orders or directions in place

Is this person currently detained under Schedule 1 of the *Emergency Response Bill 2020*

Yes No

If yes:

Date approval or direction or order expires

Detention authorised by:

Guardian Authorising Authority Prescribed person Tribunal

A copy of the detention authorisation must be provided to SACAT

*6. Reasons for application

Please provide additional information in support of your application and why a detention order is sought: