(insert front sheet)

NOTIFICATION OF CHANGE OF PLEA

To: Deputy Registrar Crimin	al	
South Australia for arraignm	(insert name) is to appear before the District Court of ent/ First Directions – Call Over/Second Directions – Call Over/ (delete whichever is inapplicable) on the date stated.	
My client has previously ento plea/s of guilty.	ered a plea/pleas of not guilty. My client now wishes to enter	
I request that this matter be l	isted in the guilty arraignment list.	
Name of Accused:		
Court File Number:		
Offence(s):		
Date of Committal:		
Date of Arraignment/First Directions – Call Over/Second Directions – Call Over/Pre-		
Trial Directions Hearing:		
Details of Solicitor:		
Details of Counsel:		
Interpreter required:	YES / NO LANGUAGE:	
AVL requested for defendant to appear: YES / NO		
Institution:	YLP / ARC / MTG / PAU	

Intended Plea:	GUILTY
Guilty Plea:	Estimated length of submissions (minutes):
	Dispute as to facts: YES / NO
	Reports to be tendered/requested: YES / NO
	Type of report:
	Estimated arrival date of report:
	(Signature)