NON-ASSOCIATION ORDER and/or PLACE-RESTRICTION ORDER

Magistrates Court of South Australia

www.courts.sa.gov.au

Criminal Procedure Act 1921

Section 80(1)

This document must be served on the defendant personally

AP Number			
Registry		File No	

Address	*Street*			*Telephone*		*Facsimile*	
	City/Town/Suburb	*State*	*Postcode*	*Email Address*			

Applicant

Full Name	

Address	*Street*			*Telephone*		*Facsimile*	
	City/Town/Suburb	*State*	*Postcode*	*Email Address*			

Rank and ID No.	

Defendant

Full Name		DOB	*dd/mm/yyyy*

Address	*Street*			*Telephone*		*Facsimile*	
	City/Town/Suburb	*State*	*Postcode*	*Email Address*			

Details of Non-Association order:

The defendant must not:

☐ be in the company of:

Name	Date of birth
Name	Date of birth
Name	Date of birth

☐ communicate with:

Name	Date of birth
Name	Date of birth
Name	Date of birth

☐ except during the following times or circumstances:

Details of Place-Restriction order:

The defendant must not:

☐ frequent or visit:

Address

Address

Address

☐ except during the following times or circumstances:

Hearing details	Registry			Date	
	Address			Time	am/pm
	Telephone	Facsimile		Email Address	

....
Date

....
MAGISTRATES COURT

IMPORTANT NOTICE TO THE DEFENDANT

Non-compliance with the order renders you liable to a term of imprisonment not exceeding 6 months for a first offence and not exceeding 2 years for a subsequent offence.

AFFIDAVIT OF PROOF OF SERVICE

I,   of

Occupation:

MAKE OATH AND SAY that:

I did on the   day of   20   , between the hours of   and   duly serve the

within named defendant   with this order and summons, by delivering a sealed copy

thereof to him/her personally at (state the address)

in the State of South Australia or by   authorised by the Court.

SWORN before me at

on the   day of   20

Signature   ....

(Person authorised to take Affidavits)
(e.g. Justice of the Peace)

....
SERVER