Form 17

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | NOTICE OF PREVIOUS CONVICTIONS  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Procedure Act 1921*  Section 62D | | | | | | | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | | File No | | |  | | | |
| Address |  | | | | | | | |  | | | | | |  | | |
|  | *Street* | | | | | | | | *Telephone* | | | | | | *Facsimile* | | |
|  |  | | |  | | |  | | | |  | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | | *Postcode* | | | | *Email Address* | | | | | | |
| **Person charged** | | | | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | | Reference | | | |  |
|  | *Surname* | | | | *Given name/s* | | | | | | | |  | | | |  |
| Address |  | | | | | | | | | |  | | | | | | |
|  | *Street* | | | | | | | | | | *Telephone* | | | | | | |
|  |  | | |  | | |  | | | |  | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | | *Postcode* | | | | *Email Address* | | | | | | |
| **Charges against you**: | | | | | | | | | | | | | | | | | |
| If you are convicted of these offences, the following previous convictions will be alleged against you: | | | | | | | | | | | | | | | | | |
| You should attend Court or have a solicitor attend for you.  If you fail to attend:  • the matter may be dealt with without you; or  • **a warrant may be issued for your arrest.** | | | | | | | | | | | | | | | | | |
| **Person or agency alleging previous convictions** | | | | | | | | | | | | | | | | | |
| Name |  | | | | |  | | | | | | | | | DOB | | |
|  | *Surname* | | | | | *Given name/s* | | | | | | | | | *dd/mm/yyyy* | | |
| Address |  | | | | | | |  | | | | | | |  | | |
|  | *Street* | | | | | | | *Telephone* | | | | | | | *Facsimile* | | |
|  |  | | |  | | |  | | | |  | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | | *Postcode* | | | | *Email Address* | | | | | | |
| **Next hearing** | | Registry | | | | | | | | | | Date | | | | | |
|  | | Address | | | | | | | | | | Time       am/pm | | | | | |
|  | | Telephone | Facsimile | | | | | | | Email Address | | | | | | | |
| Date MAGISTRATES COURT | | | | | | | | | | | | | | | | | |

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| --- |
| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm  Method of service (tick box)  personally;  by post;  any other method permitted by the Rules – specify: |
| I certify that I served the attached document in the manner described. |
| Certified this       day of       20 |