Form 29B

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|  | SUMMONS (CHILD PROTECTION RESTRAINING ORDER)**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Criminal Procedure Act 1921*Section 99AAC |  |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Defendant** |
| Name |       |       | DOB       |
|  | *Surname* | *Given name/s* | *dd/mm/yyyy* |
| Address |       |       |
|  | *Street* | *Telephone* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Applicant** |
| Name |       |       |       |
|  | *Surname* | *Given name/s* | *Applicant’s reference / relationship to child* |
| Rank |       | ID No |       |
| Address |       |
|  | *Street* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Child for whose benefit order is sought** |
| Name |       |       | DOB       |
|  | *Surname* | *Given name/s* | *dd/mm/yyyy* |
| **The applicant says that:**[ ]  the defendant is an adult who is, or has been, residing with the above-named child who is under the age of 17 years of whom the defendant is not a guardian; AND[ ]  the defendant and the above-named child are, or have been, residing at premises other than premises in which a guardian of the child resides; AND[ ]  the defendant or another person who resides at, or frequents, premises at which the defendant and the above-named child reside or have resided –[ ]  has, within the preceding 10 years, been convicted of the prescribed offence(s) of      ; or[ ]  is, or has at any time been, subject to a restraining order under section 99AAC;OR[ ]  as a consequence of the above-mentioned child’s contact or residence with the defendant, the child is at risk of –[ ]  sexual, physical, psychological, or emotional abuse or neglect; or [ ]  engaging in, or being exposed to, conduct that is an offence under Part 5 of the *Controlled Substances Act 1984*;ANDthat the making of the order is appropriate in the circumstances.  |

**(Details of the hearing are on the next page)**

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| **An application has been laid seeking an order restraining the defendant from:** |
| **Hearing details**  | Registry       | Date       |
| Address       | Time       am/pm |
| Telephone       | Facsimile       | Email Address       |
|   Date MAGISTRATES COURT |
| **IMPORTANT NOTICE TO DEFENDANT*** Ifyou do not appear a Restraining Order may be made in your absence.
* A copy of the application and any evidence that has been tendered to the Court may be obtained from the Registry.
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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 leaving a copy at the last (or most usual) place of abode with a person apparently residing there and not less than 16 years of age;[ ]  by leaving a copy at the place of business with a person apparently employed there and not less than 16 years of age;[ ]  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       |