Form 34

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | ORDER REVOKING RESTRAINING ORDER  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Procedure Act 1921*  Section 99F | | | | | | | | |  |
|  | | | | | | | | | | | |
| 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* | |
| Rank |  | | | | ID No | | |  | | | |
| Address |  | | | | | | | | | | |
|  | *Street* | | | | | | | | | | |
|  |  | |  | |  | | |  | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | | |
| **Date of original order:**  **Order:** | | | | | | | | | | | |
| **Date order revoked:** | | | | | | | | | | | |
| The defendant was present in Court when the order was varied. | | | | | | | | | | | |
| 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)  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 |