

ORDER REVOKING RESTRAINING ORDER

Magistrates Court of South Australia www.courts.sa.gov.au

www.courts.sa.gov.au
Criminal Procedure Act 1921
Section 99F

Registry						File No			
Address	Street			Tele	phone		Facsimile		
	City/Town/Suburb	State		Postcode		Email Address			
Defendant									
Name	Surname	Given name/s					DOB dd/mm/yyyy		
Address	Street				Teleph	Telephone			
	City/Town/Suburb	State		Postcode		Email Address			
Applicant									
Name	Surname Given name		n name/s	ame/s			Applicant's reference		
Rank		ID No							
Address	Street		ı						
71441000	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				

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						