

## NOTICE OF PROBLEM GAMBLING ATTACHMENT ORDER

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

Intervention Orders (Prevention of Abuse) Act 2009
Section 24(3) and the Problem Gambling Family Protection Orders Act 2004

Thi	is dod	cument must be served o	n the th	ird r	nerson s	neci	ified in	the o	order	nersonally			
Registry	13 UO	sament mast be served o	ii tiio tii	ii a ş	oci soii s	рсс	File No		oraer	personany	•		
Address	Street					Tele	Telephone		Facsimile				
<b>-</b>	City/Town/Suburb			State Postcode			Email Address						
Defendant										T			
Name	Surnan	Surname Given name/s								DOB dd/mm/yyyy			
Address													
	Street									1			
	City/To	City/Town/Suburb								Postcode			
Applicant	Oily/10	wincuburb					State			7 03:0000			
Name	Surnan	ne		Give	n name/s					1			
Address	Street						none			Facsimile			
	City/To	City/Town/Suburb		State		Postcode		Email Address					
Third party to	o who	om this order is directed											
Name													
	Surnan	Surname Given name/s						<u> </u>					
	Street	treet											
Address	0001												
	City/Town/Suburb						State			Postcode			
it has been of court will de otherwise ap	ordere cide v oplied	es money owing or accruing that this money be retained that this money should as ordered by the court.	ained ur Id be pa	ntil f	urther c o satisfy	ourt ⁄ a de	order. ebt ow	At the	ne nex y the	ct hearing c defendant	date the or		
unpaid in br Where third dismis injure t alter th	reach I party s the e the em ne emp	is an employer of the defenda employee, aployee in employment, or ployee's position to the emplo	ant, you v	will be	e guilty of	·	•						
Maximum Per	alty \$	10 000											
Compensation	for ex	penses incurred by the third p	arty may	be c	ordered b	y the	court.						
		Registry							Date				
Hearing deta	ils Address					Time				am/pm			
_		Telephone F	lephone Facsimile			Email Add			Iress				
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	r				•••					COURT			

Proof of Service			
Name of person servin	g:		
Address of person serv	ring:		
Name of person served	l:		
Address at which servi	ce effected:		
Date service effected:			
Time of day: Between		am/pm and	am/pm
I certify that I served th	e attached do	cument on the third	erson personally.
Certified this	day of	20	