Form 8

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|  | | ELECTION FORM  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Procedure Act 1921*  Section 105(1)(d) | | | | | | | | | | | Court Use  Date Filed: |
|  | | | | | | | | | | | | | |
| **It is advisable not to complete this form unless you have had legal advice** | | | | | | | | | | | | | |
| Registry |  | | | | | | | | File No | |  | | |
| Address |  | | | | | | |  | | | |  | |
|  | *Street* | | | | | | | *Telephone* | | | | *Facsimile* | |
|  |  | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| **Informant** | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | |  | | |
|  | *Surname* | | | | *Given name/s* | | | | | | *Informant’s Reference* | | |
| Address |  | | | | | |  | | | | |  | |
|  | *Street* | | | | | | *Telephone* | | | | | *Licence Number* | |
|  |  | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| **Defendant** | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | DOB | |
|  | *Surname* | | | | *Given name/s* | | | | | | | *dd/mm/yyyy* | |
| Address |  | | | | | |  | | | | |  | |
|  | *Street* | | | | | | *Telephone* | | | | | *Licence Number* | |
|  |  | | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | *Email Address* | | | | |
| The information to which this form is attached contains minor indictable (\* and summary) charges.  You have the right to choose how the charges/s will be dealt with   * by a magistrate, or * by a Judge and Jury in the District Court   If you want the charge/s dealt with in the District court **you MUST complete this form** and return it to the Magistrates Court. | | | | | | | | | | | | | |
| **Election** | | | | | | | | | | | | | |
| I elect for this matter to go before the District Court of South Australia.    DEFENDANT | | | | | | | | | | | | | |
| **Defendant’s Solicitor** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Telephone: | | | Facsimile: | | | | | | | Email: | | | |
| **Defendant’s Counsel** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Telephone: | | | Facsimile: | | | | | | | Email: | | | |
| **Note to Defendant**  If your contact details have changed, please provide details below: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Telephone: | | | Facsimile: | | | | | | | Email: | | | |

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| **Important Note**   1. An election does not take effect until this completed form is filed in the Magistrates Court at the above address. It must be lodged no later than your second appearance in the Magistrates Court. 2. A copy of the information to which this form relates must be attached when it is filed. 3. You may not elect for trial before a Judge sitting without a jury (s 7(2) *Juries Act 1927*). |