Form 2

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|  | | | INFORMATION AND SUMMONS  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Procedure Act 1921*  Sections 49, 57, 101 and 104 | | | | | | | | | Court Use  Date Filed: |
|  | | | | | | | | | | | | |
| **Highest Charge:**  Summary  Minor Indictable  Major Indictable  Cth Indictable | | | | | | | | | | | | |
| **Informant** | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | |
| Address |  | | | | | |  | | | |  | |
|  | *Street* | | | | | | *Telephone* | | | | *Facsimile* | |
|  |  | | | |  |  | | |  | | | |
|  | *City/Town/Suburb* | | | | *State* | *Postcode* | | | *Email Address* | | | |
| Informant’s References |  | | | | |  | | | | | | |
|  | *Reference No:* | | | | | *Instant Loss of Licence No:* | | | | | | |
| **Defendant** | | | | | | | | | | | | |
| Name |  | | | | | | | | | | DOB | |
|  |  | | | | | | | | | | *dd/mm/yyyy* | |
| Address |  | | | | | |  | | | |  | |
|  | *Street* | | | | | | *Telephone* | | | | *Licence Number* | |
|  |  | | | |  |  | | |  | | | |
|  | *City/Town/Suburb* | | | | *State* | *Postcode* | | | *Email Address* | | | |
| **Offence details:**  (Please note against any count on this Information whether it may be a ‘prescribed offence’ within the meaning of section 5 of the *Child Safety (Prohibited Persons) Act 2016*; a ‘presumptive disqualification offence’ within the meaning of section 26A of the *Child Safety (Prohibited Persons) Act 2016* or section 18A of the *Disability Inclusion Act 2018;* a ‘disqualification offence’ within the meaning of section 18A of the *Disability Inclusion Act 2018*;or a ‘qualifying offence’ within the meaning of section 44 of the *Children and Young People (Safety) Act 2017*.) | | | | | | | | | | | | |
| **Other orders sought:** (forfeiture, compensation, additional penalty, destruction or the like – Rule 15.03) | | | | | | | | | | | | |
| Date INFORMANT WITNESS  (Registrar, Deputy Registrar or Justice of the Peace)  (Not required if Informant is a Public Authority) | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | Date | | |
|  | | Address | | | | | | | | Time       am/pm | | |
|  | | Telephone | | Facsimile | | | | Email Address | | | | |
| Date MAGISTRATE / REGISTRAR / JUSTICE OF THE PEACE | | | | | | | | | | | | |
| **IMPORTANT NOTICES TO THE DEFENDANT**  If you fail to appear on the hearing date set out above or on any day to which this matter is adjourned the Court may:   * proceed in your absence, or * issue a warrant for your arrest | | | | | | | | | | | | |

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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 |