Form S18

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|  | NOTICE TO SHOW CAUSE (BREACH OF NON-PECUNIARY ORDER)**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au)*Sentencing Act 2017*Sections 115(3)(a) and 116(1)(a)*Fines Enforcement and Debt Recovery Act 2017*Section 47(4)(a) | Court UseDate Filed: |
|  |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Applicant** |
| Name |       |       |       |
|  | *Surname* | *Given name/s* | *Informant’s Reference* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Debtor/Alleged Offender/Defendant** |
| Full Name |       | DOB       |
|  |  | *dd/mm/yyyy* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Licence Number* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| It is alleged that you have failed to comply with order to complete community service, an approved treatment program, and/or another non-pecuniary order in that you:      |
| You are now required to appear before the court at the time and date specified in this notice to show cause why a warrant of commitment for a term of imprisonment should not be issued against you. |
| (a copy of the Order to complete Community Service or an Approved Treatment Program must be attached to this summons) |
| **Hearing details**  | Registry       | Date       |
|  | Address       | Time       am/pm |
|  | Telephone       | Facsimile       | Email Address       |
|   Date MAGISTRATE / REGISTRAR / JUSTICE OF THE PEACE |
| **IMPORTANT NOTICE TO THE DEBTOR/ALLEGED OFFENDER/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/pmMethod 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       |