Form S9

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|  | SUMMONS (BREACH OF INTENSIVE CORRECTION ORDER)**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Sentencing Act 2017*Section 83(5)(a) | Court UseDate Filed: |
|  |
| 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* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **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 a condition of your order, in that you[ ]  failed to be of good behaviour by committing a further offence, namely      [ ]  failed to comply with the condition that you be under the supervision of a Community Corrections Officer and obey the lawful directions of the officer to whom you are assigned by      ;[ ]  failed to remain throughout the period of the intensive correction order at the residence specified on the order by      [ ]  failed to comply with the condition that        by       |
| Date Intensive Correction Order entered into:      (a copy of the Intensive Correction Order 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 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       |