Form 106

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|  | INTERIM NON-ASSOCIATION ORDER and/or PLACE-RESTRICTION ORDER and SUMMONS**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Summary Procedure Act 1921*Section 80(2) |
| **This document must be served on the defendant personally** |
| AP Number |       |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Applicant** |
| Full Name |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Rank and ID No. |       |
| **Defendant** |
| Full Name |       | DOB  |       |
|  |  |  | *dd/mm/yyyy* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Date order made:** The Court has heard an application for a Non-Association order and/or a Place Restriction order (*strike out inapplicable*) in your absence.In the 2 years immediately preceding the laying of the information you had been convicted of an indictable offence.The Court is satisfied that it was reasonably necessary to make this order to ensure you do not commit any further indictable offences. |
| **Details of Non-Association order:** The defendant must not: [ ]  be in the company of: Name       Date of birth      Name       Date of birth      Name       Date of birth      [ ]  communicate with:Name       Date of birth      Name       Date of birth      Name       Date of birth      [ ]  except during the following times or circumstances:      |

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| **Details of Place-Restriction order:** The defendant must not: [ ]  frequent or visit:Address      Address      Address      [ ]  except during the following times or circumstances:      |
| **Hearing details**  | Registry       | Date       |
| Address       | Time       am/pm |
| Telephone       | Facsimile       | Email Address       |
|   Date MAGISTRATES COURT  |
| **IMPORTANT NOTICE TO THE DEFENDANT*** **Non-compliance with the order renders you liable to a term of imprisonment not exceeding 6 months for a first offence and not exceeding 2 years for a subsequent offence.**
* If you do not appear, an order may be made in your absence.
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**AFFIDAVIT OF PROOF OF SERVICE**

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| I,       of       |
| Occupation: |       |
| MAKE OATH AND SAY that: |
| I did on the |       | day of |       | 20 |   , | between the hours of |       | and |       |  |
|  | duly serve the within named defendant |       | with this order and summons by  |
| delivering a sealed copy thereof to him / her personally at  |       |
|  |  *address* |
| in the State of South Australia or by |       | authorised by the Court. |
|  |  *describe* *manner of substituted service* |  |
| SWORN before me at       the       day of       20     Signature  (Person authorised to take Affidavits) (e.g. Justice of the Peace) |   SERVER |