Form 107

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | NON-ASSOCIATION ORDER and/or  PLACE-RESTRICTION ORDER  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Summary Procedure Act 1921*  Section 80(1) | | | | | | | | |
| **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* | | | |
| **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: | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | | | | |

**AFFIDAVIT OF PROOF OF SERVICE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | |