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 |