Form 34

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|  | ORDER REVOKING RESTRAINING ORDER**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Summary Procedure Act 1921*Section 99F |  |
|  |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Defendant** |
| Name |       |       | DOB       |
|  | *Surname* | *Given name/s* | *dd/mm/yyyy* |
| Address |       |       |
|  | *Street* | *Telephone* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Informant**  |
| Name |       |       |        |
|  | *Surname* | *Given name/s* | *Informant’s reference* |
| Rank |       | ID No |       |
| Address |       |
|  | *Street* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Date of original order:****Order:**  |
| **Date order revoked:**       |
|   Date MAGISTRATES COURT |

|  |
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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)[ ]  by prepaid post;[ ]  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       |