ORDER REVOKING RESTRAINING ORDER

Magistrates Court of South Australia

www.courts.sa.gov.au

Summary Procedure Act 1921

Section 99F

Registry						File No		
Address	Street				Telej	phone		Facsimile
	City/Town/Suburb	State		Postcode		Email Address		
Defendant								
Name	Surname	Given nar		en name/s	name/s			DOB dd/mm/yyyy
Address	Street				Telephone			
	City/Town/Suburb	State		Postcode		Email Address		
Informant								
Name	Surname		Give	Given name/s			Informant's reference	
Rank			ID No					
Address	Street							
Addices	City/Town/Suburb	State		Postcode		Email Address		
Date of origin	ial order:			·	_		_	
Order:								
Date order revoked:								
Date				••••	MAGISTRATES COURT			

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/pm					
Method 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						