Form 35

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|  | | NOTICE OF HEARING  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Summary Procedure Act 1921*  Section 57A(7a) | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | File No | |  | | |
| Address |  | | | | | | |  | | | | |  | |
|  | *Street* | | | | | | | *Telephone* | | | | | *Facsimile* | |
|  |  | | |  | |  | | | |  | | | | |
|  | *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* | | | | |
| **Defendant** | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | | DOB | |
|  | *Surname* | | | | *Given name/s* | | | | | | | | *dd/mm/yyyy* | |
| Address |  | | | | | |  | | | | | | | |
|  | *Street* | | | | | | *Telephone* | | | | | | | |
|  |  | | |  | |  | | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | |
| **Offence details:** | | | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | | Date | | | |
|  | | Address | | | | | | | | | Time       am/pm | | | |
|  | | Telephone | Facsimile | | | | | | Email Address | | | | | |
| Date MAGISTRATES COURT | | | | | | | | | | | | | | |
| **IMPORTANT NOTICES TO THE DEFENDANT**   * The date mentioned is set for the trial of the charges against you. * You need to attend of that day with all witnesses who you wish to give evidence in your defence. * If you do not attend the matter may be heard and finalised in your absence. | | | | | | | | | | | | | | |

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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/pm  Method of service (tick box)  personally;  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 |