Form 9A

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|  | | ADMISSION AND CONSENT TO SENTENCE  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Summary Procedure Act 1921*  Section 108 | | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | | | | |
| **It is advisable not to complete this form unless you have had legal advice** | | | | | | | | | | | | |
| Registry |  | | | | | | | File No |  | | | |
| Address |  | | | | | |  | | |  | | |
|  | *Street* | | | | | | *Telephone* | | | *Facsimile* | | |
|  |  | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | | | |
| **Informant** | | | | | | | | | | | | |
| Name |  | | |  | | | | |  | | | |
|  | *Surname* | | | *Given name/s* | | | | | *AP Number* | | | |
| Address |  | | | | |  | | | |  | | |
|  | *Street* | | | | | *Telephone* | | | | *Facsimile* | | |
|  |  | |  | |  | | |  | | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | *Email Address* | | | | |
| **Defendant** | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Address |  | | | | | | | | | DOB | |  |
|  | *Street* | | | | | | | | |  | | *dd/mm/yyyy* |
|  |  | | | | | | |  | |  | | |
|  | *City/Town/Suburb* | | | | | | | *State* | | *Postcode* | | |
| The Information to which this form is attached contains major indictable charges.  You can admit the charge/s and consent to be sentenced by a Magistrate, rather than a Judge in the District or Supreme Court. The Director of Public Prosecutions must also consent.  If you want to admit the charge/s and consent to be sentenced by a Magistrate **you MUST complete this form.** | | | | | | | | | | | | |
| **Admission and Consent** | | | | | | | | | | | | |
| I admit the following major indictable charge/s and consent to being sentenced by the Magistrates Court: | | | | | | | | | | | | |
| Date Defendant | | | | | | | | | | | | |
| I certify that the defendant has had legal advice in respect of this admission and consent.    Date Defendant’s Solicitor | | | | | | | | | | | | |
| Solicitor’s Name  Telephone:       Facsimile:       Email: | | | | | | | | | | | | |

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| Date Defendant’s Counsel |
| Counsel’s Name  Telephone:       Facsimile:       Email: |
| On behalf of the Director of Public Prosecutions, I consent to the defendant being sentenced by the Magistrates Court.    Date Director of Public Prosecutions |
| Prosecutor’s Name  Telephone:       Facsimile:       Email: |
| **IMPORTANT NOTICE**  This form must be presented to the Court either at the time the defendant appears before the Court or at the time the defendant returns a written plea of guilty.  A copy of the information to which this admission and consent relate must be attached. |