Form 213B

To be inserted by Court	
Case Number:	
Date Filed:	
FDN:	
Hearing Date and Time:	-
Hearing Location:	

INFORMATION AND SUMMONS TO ENFORCE ORDER

[SUPREME/DISTRICT/MAGISTRATES/YOUTH/ENVIRONMENT RESOURCES AND DEVELOPMENT] Select one COURT OF SOUTH AUSTRALIA CRIMINAL JURISDICTION

[*FULL NAME*] Applicant

V

[*FULL NAME*] Respondent

Applicant						
Authorising individual						
If applicant ant is not an individual and not represented by a law firm/office						
Name of law firm/office						
If applicable	Law firm/office		Responsible Solicitor			
Address for service						
	Street Address (including unit or level number and name of property if required)					
	City/town/suburb	State	Postcode	Country		
	Email address					
Phone Details						
	Type (eg. home; work; mobile) – Number					
Applicant's References	· · · · · · · · · · · · · · · · · · ·					
	Reference number - optional		Instant loss of licence number - optional			

Respondent								
	Full Name (including Also Known as)							
Address								
	Street Address (including unit or level number and name of property if required)							
	City/town/suburb	State	Postcode	Country				
	Email address							
Phone Details								
	Type (eg. Home; work; mobile) – Number		Another number (optional)					

Information

Details

This Information alleges a breach of:

- □ Recognizance Release Order dated [date] in respect of the Information(s) dated [date] in case [number]
- □ Recognizance Order dated [*date*] in respect of the Information(s) dated [*date*] in case [*number*]
- □ Psychiatric Probation Order dated [*date*] in respect of the Information(s) dated [*date*] in case [*number*]
- □ Program Probation Order dated [*date*] in respect of the Information(s) dated [*date*] in case [*number*]
- □ This Application is to be heard at the date and time set out at the top of this document.
- □ This Application is to be heard coinciding with the hearing date for the information dated [date] in case [number].

This Application is made on the grounds

- □ set out in the accompanying Affidavit sworn by [*name*] on [*date*].
- that the Respondent has failed to comply with the terms of the order by committing the offence[s] alleged in count[s] [numbers] of the Information(s) dated [date] in case [number]. provision for multiple counts, informations and case numbers, (only applicable if the only conduct which allegedly constitutes the breach of order is an offence or offences charged on the Information(s)

Signature of Director or person authorised by the Director [Name of Director or other authorised person]

Next line only displayed if not signed by Director personally For and on behalf of the Commonwealth Director of Public Prosecutions

To the Respondent: WARNING

You are required to appear before the Court at the date, time and location set out at the top of this Summons to show cause why you should not be dealt with for the breaches alleged in the Information.

If you fail to attend Court as required by this Summons, the Court may issue a warrant for your arrest.

Accompanying documents

Accompanying this Application is a:

- □ Supporting Affidavit
- \Box Copy of the order to which this Application relates
- □ If other additional document(s) please list them below: