Form 2

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|  | | | INFORMATION AND SUMMONS  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Procedure Act 1921*  Sections 49, 57, 101 and 104 | | | | | | | | | Court Use  Date Filed: |
|  | | | | | | | | | | | | |
| **Highest Charge:**  Summary  Minor Indictable  Major Indictable  Cth Indictable | | | | | | | | | | | | |
| **Informant** | | | | | | | | | | | | |
| Name | {{inf\_given\_name}} {{inf\_surname}} | | | | | | | | | | | |
| Address | {{inf\_street}} | | | | | | {{inf\_phone}} | | | | {{inf\_fax}} | |
| *Street* | | | | | | *Telephone* | | | | *Facsimile* | |
| {{inf\_suburb}} | | | | {{inf\_state}} | {{inf\_postcode}} | | | {{inf\_email}} | | | |
| *City/Town/Suburb* | | | | *State* | *Postcode* | | | *Email Address* | | | |
| Informant’s References |  | | | | |  | | | | | | |
| *Reference No:* | | | | | *Instant Loss of Licence No:* | | | | | | |
| **Defendant** | | | | | | | | | | | | |
| Name | {{def\_given\_name}} {{def\_surname}} | | | | | | | | | | DOB {{def\_DOB}} | |
| *dd/mm/yyyy* | |
| Address | {{def\_street}} | | | | | | {{def\_phone}} | | | |  | |
| *Street* | | | | | | *Telephone* | | | | *Licence Number* | |
| {{def\_suburb}} | | | | {{def\_state}} | {{def\_postcode}} | | | {{def\_email}} | | | |
| *City/Town/Suburb* | | | | *State* | *Postcode* | | | *Email Address* | | | |
| **Offence details:**  (Please note against any count on this Information whether it may be a ‘prescribed offence’ within the meaning of section 5 of the *Child Safety (Prohibited Persons) Act 2016*; a ‘presumptive disqualification offence’ within the meaning of section 26A of the *Child Safety (Prohibited Persons) Act 2016* or section 18A of the *Disability Inclusion Act 2018;* a ‘disqualification offence’ within the meaning of section 18A of the *Disability Inclusion Act 2018*;or a ‘qualifying offence’ within the meaning of section 44 of the *Children and Young People (Safety) Act 2017*.)  **Count 1**  {%p if offence\_date\_to == ‘ ‘ %}  On {{offence\_date\_from}}  {%p else %}  Between {{offence\_date\_from}} and {{offence\_date\_to}}  {%p endif %}  at {{offence\_location}} in the State of South Australia, the defendants ill-treated an animal namely {{offence\_animal}}.  *Section {{count\_section}} of the Animal Welfare Act 1985.*  *This is a Summary Offence. (This summary needs to be coded)*  *This is a presumptive disqualification offence pursuant to s 15A of the Child Safety (Prohibited Persons) Regulations 2019.*  **Particulars**  The defendants being the owners of the above named animal failed to provide her with appropriate and adequate food. The animal was located in an underweight condition.  *Section {{count\_section}}{{particular\_section}} of the Animal Welfare Act 1985*  Alternative charge: | | | | | | | | | | | | |
| **Other orders sought:** (forfeiture, compensation, additional penalty, destruction or the like – Rule 15.03)  {%p if order\_other %}  {{order\_details}}  {%p endif %} | | | | | | | | | | | | |
| Date INFORMANT WITNESS  (Registrar, Deputy Registrar or Justice of the Peace)  (Not required if Informant is a Public Authority) | | | | | | | | | | | | |
| **Hearing details** | | Registry: {{RSPCA\_sittinglocation[offence\_location].item('name')}} | | | | | | | | Date {{hearing\_date}} | | |
| Address: {{RSPCA\_sittinglocation[offence\_location].item('address')}} | | | | | | | | Time {{hearing\_time}} am/pm | | |
| Telephone: {{RSPCA\_sittinglocation[offence\_location].item('phone')}} | | Facsimile: {{RSPCA\_sittinglocation[offence\_location].item('facsimile')}} | | | | Email\_Address: {{RSPCA\_sittinglocation[offence\_location].item('email')}} | | | | |
| Date MAGISTRATE / REGISTRAR / JUSTICE OF THE PEACE | | | | | | | | | | | | |
| **IMPORTANT NOTICES TO THE DEFENDANT**  If you fail to appear on the hearing date set out above or on any day to which this matter is adjourned the Court may:   * proceed in your absence, or * issue a warrant for your arrest | | | | | | | | | | | | |

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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 leaving a copy at the last (or most usual) place of abode with a person apparently residing there and not less than 16 years of age;  by leaving a copy at the place of business with a person apparently employed there and not less than 16 years of age;  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 |