Form 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | INFORMATION AND SUMMONS WITH WRITTEN GUILTY PLEA  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Criminal Procedure Act 1921*  Sections 49, 57 and 57A | | | | | | | | | Court Use  Date Filed: |
|  | | | | | | | | | | | | |
| **Highest Charge:**  Summary  Minor Indictable  Major Indictable  Cth Indictable | | | | | | | | | | | | |
| **Informant** | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | |
| Address |  | | | | | |  | | | |  | |
|  | *Street* | | | | | | *Telephone* | | | | *Facsimile* | |
|  |  | | | |  |  | | |  | | | |
|  | *City/Town/Suburb* | | | | *State* | *Postcode* | | | *Email Address* | | | |
| Informant’s References |  | | | | |  | | | | | | |
|  | *Reference No:* | | | | | *Instant Loss of Licence No:* | | | | | | |
| **Defendant** | | | | | | | | | | | | |
| Name | {{def\_name}} | | | | | | | | | | DOB {{def\_DOB}} | |
|  |  | | | | | | | | | | *dd/mm/yyyy* | |
| Address | {{def\_street}} | | | | | | {{def\_phone}} | | | | {{def\_licence}} | |
|  | *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*.)  {{offence\_provision}}  {{offence\_description}}  This is a offense class The imbedded text may need to be coded somehow as it may need to be repeated.  NEED TO ALLOW CHARGES IN THE ALTERNATIVE | | | | | | | | | | | | |
| **Other orders sought:** (forfeiture, compensation, additional penalty, destruction or the like – Rule 15.03) | | | | | | | | | | | | |
| Date INFORMANT | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | Date | | |
|  | | Address | | | | | | | | Time       am/pm | | |
|  | | Telephone | | Facsimile | | | | Email Address | | | | |
| Date MAGISTRATE / REGISTRAR / JUSTICE OF THE PEACE | | | | | | | | | | | | |
| **IMPORTANT NOTICES TO THE DEFENDANT**  After receiving this notice you **must** follow the instructions below. The set of instructions you need to follow will depend on whether you intend to plead guilty or not guilty.  If you fail to follow these instructions the Court may:   * proceed in your absence, or * issue a warrant for your arrest   If the Court proceeds in your absence you may be convicted and/or fined for the offences set out earlier in this Form. | | | | | | | | | | | | |
| **If you intend to plead guilty**   * Attend at Court either in person or through a solicitor, **OR** * Fill out the ‘Written Guilty Plea’ below and have it witnessed by a Justice of the Peace, Solicitor or Police Officer and send it to the Court registry to which you were summonsed not less than 5 days before the hearing date.   Note: if you wish to apply to reduce the demerit points attracted by this offence you must attend at court to give evidence. | | | | | | | | | | | | |
| **Written Guilty Plea**   * I am the defendant in this matter * I wish to plead guilty to the charge/s * I wish to say: (attach sheet if insufficient space) | | | | | | | | | | | | |
| Date DEFENDANT    WITNESS JP, Solicitor or Police Officer number | | | | | | | | | | | | |
| **If you intend to plead not guilty**   * Attend at court or have a solicitor attend for you and indicate a not guilty plea. * You will be expected to have discussed the issues in detail with the informant, or their representative, prior to a trial date being set. | | | | | | | | | | | | |

|  |
| --- |
| **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 |