

To be inserted by Court

Case Number:

Date Filed:

FDN:

Hearing Date and Time:

Hearing Location:

**ORIGINATING APPLICATION TO DISCHARGE OR VARY CONDITION OF
RECOGNIZANCE ORDER**
Crimes Act 1914 (Cth) s 20AA(1)

SUPREME / DISTRICT / MAGISTRATES Circle one COURT OF SOUTH AUSTRALIA
CRIMINAL JURISDICTION

..... Full Name
Applicant

v

..... Full Name
Respondent

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

