**INFORMATION TO ENFORCE ORDER**

[*SUPREME/DISTRICT/MAGISTRATES/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** |

|  |  |
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| 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)** |

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| **Information****Details**This Information alleges a breach of:* Recognizance Release Order dated [*date*] in respect of the Information(s) dated[*date*] in case [*case number*]
* Recognizance Order dated [*date*] in respect of the Information(s) dated [*date*] in case [*case number*]
* Psychiatric Probation Order dated [*date*] in respect of the Information(s) dated [*date*] in case [*case number*]
* Program Probation Order dated [*date*] in respect of the Information(s) dated [*date*] in case [*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 [*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*] [*enter numbers*] of the Information(s) dated [*date*] in case [*case number*].

**Enter 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)** |

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| …………………………………………Signature of Director or person authorised by the Director…………………………………………Name of Director or other authorised person**Complete if not signed by Director personally complete below**For and on behalf of the Commonwealth Director of Public Prosecutions |

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| **Accompanying documents**Accompanying this Application is a:* Supporting Affidavit
* Copy of the order to which this Application relates
* If other additional document(s) please list them below:
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