**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** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |