

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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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 <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>	<small>Law firm/office</small>	<small>Responsible Solicitor</small>	
Address for service	<small>Street Address (including unit or level number and name of property if required)</small>		
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
	<small>Country</small>		
	<small>Email address</small>		
Phone Details	<small>Type (eg. home; work; mobile) – Number</small>		
Applicant's References	<small>Reference number - optional</small>	<small>Instant loss of licence number - optional</small>	

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)

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))

.....
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

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: