**ASSURANCE THAT THE DEFENDANT DOES NOT WANT LEGAL REPRESENTATION**

[*SUPREME/DISTRICT*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**R**

**v**

**[*FULL NAME*]**

**Defendant**

|  |  |  |
| --- | --- | --- |
| **Lodging party** |  |  |
|  | **Party title** | **Full Name of party** |
| Name of law firm/office |  |  |
| **If applicable** | **Law firm/office** | **Responsible Solicitor** |
| Name of authorised officer |  |
| **If body corporate and no law firm/office** | **Full Name** |

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| --- |
| **Assurance**I, the Defendant named above, being charged with the offence(s) described in the Information dated [*date*], assure the Court pursuant to section 8(3)(c) of the *Criminal Law (Legal Representation) Act 2001* that I do not want to be legally represented at the trial thereof.…………………………………………Signature of Defendant…………………………………………Name printed………………………….Date |