**WRITTEN GUILTY PLEA TO SUMMARY OFFENCE**

**Criminal Procedure Act 1921 s 57A**

[*MAGISTRATES/YOUTH/**ENVIRONMENT RESOURCES AND DEVELOPMENT*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

[***FULL NAME*]**

**Informant**

**v**

**[*FULL NAME*]**

**Defendant/Youth**

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

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| **Guilty Plea**  I plead guilty to  the charge on the Information dated [*date*].  all charges on the Information dated [*date*].  count[*s*] [*number/s]* **provision for multiple counts** on the Information dated [*date*] and believe that the prosecution is prepared to withdraw the balance of counts on my plea of guilty to these counts.  The charge[*s*] to which I am pleading guilty [*is/are*] **Delete inapplicable** [*a summary offence/summary offences*] **Delete Inapplicable** not punishable by imprisonment or detention.  I wish to say the following in relation to my plea of guilty:  **Set out any facts you want the Court to consider in numbered paragraphs**  …………………………………………  Signature of [*Defendant/Youth*]  …………………………………………  Full name of [*Defendant*/*Youth*]  before me ………………………………………………  Signature of attesting witness  **witness must be a Justice of the Peace, Solicitor or Police Officer**  ………………………………………….  Printed name and title of witness **stamp here if applicable** |

**Next box displayed if filed by a solicitor**

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| **Certification by legal practitioner mandatory if Defendant/Youth represented**  I, [*name of individual solicitor/barrister*] certify that:   1. I am a lawyer holding a current practising certificate under the *Legal Practitioners Act 1981*; 2. I am representing the [*name of Defendant/Youth*] in these proceedings. 3. The [*name of* *Defendant/Youth*] received legal advice in respect of this plea prior to signing this form.   …………………………………………  Signature of legal practitioner  …………………………………………  Full name of legal Practitioner  ………………………….  Date |

**Only complete next box if guilty plea made by counsel**

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| **Guilty Plea**  I, [*name of individual barrister/solicitor*] certify that:   1. I am a lawyer holding a current practising certificate under the *Legal Practitioners Act 1981*. 2. I am acting for the Defendant in this proceeding. 3. I have the authority of the Defendant to plead guilty on their behalf to   the charge on the Information dated [*date*].  all charges on the Information dated [*date*].  count[*s*] [*number/s]* **provision for multiple counts** on the Information dated [*date*] and believe that the prosecution is prepared to withdraw the balance of counts on my plea of guilty to these counts.   1. The [*name of* *Defendant/Youth*] received legal advice in respect of this plea prior to this form being signed.   The charge[*s*] to which I am pleading guilty on behalf of the Defendant [*is/are*] **Delete inapplicable** [*a summary offence/summary offences*] **Delete Inapplicable** not punishable by imprisonment or detention.  I wish to say the following in relation to the Defendant’s plea of guilty:  **Set out any facts you want the Court to consider in numbered paragraphs**  …………………………………………  Signature of [*name of individual barrister/solicitor*]  …………………………………………  Full name of [*name of individual barrister/solicitor*]  before me ………………………………………………  Signature of attesting witness  **witness must be a Justice of the Peace, Solicitor or Police Officer**  ………………………………………….  Printed name and title of witness **stamp here if applicable** |

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| **Service**  The party filing this document is required to serve it on all other parties in line with the Rules of Court. |