To be inserted by Court		
Case Number:		
Date Filed:		
FDN:		
INFORMATION	FOR ARRAIGNMENT ON COM	IMITTAL FOR SENTENCE
SUPREME/DISTRICT] Select one COURT OF SOUTH AUSTRALIA CRIMINAL JURISDICTION		
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ı		
FULL NAME] Defendant		
Lodging party		
Name of law firm/office	Party title	Full Name of party
If applicable	Law firm/office	Responsible Solicitor
Name of authorised officer	Eaw Hillsomes	responsible collicitor
If body corporate and no law firm/office	Full Name	
Hearing details		
Date of arraignment: [date]		
The facts in this matter are ☐ disputed.		
□ not disputed.		
☐ The Defendant will be [tendering/requesting] select one [name of type of report] provision for multiple reports in relation to this matter. The estimated arrival date of the [last] report is [date].		
Any other cases in the Court or another Court that the Defendant requests be heard concurrently: [case number] provision for multiple		
Estimated time for defence submissions: [number of] minutes.		
Counsel who is intended to appear at the hearing is [name] [phone no] [email address] if solicitor is intended to appear, include solicitor details here		
 □ An interpreter is required for the hearing in the following language: [language and dialect] □ Special arrangements for the hearing, namely [arrangements requested eg hearing loop] because [brief reasons] 		

Form 53

☐ The Defendant requests to appear by audiovisual link from [name of institution] because [brief reasons]

Service

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