**CONSENT TO COMMONWEALTH INDICTABLE OFFENCE BEING HEARD AND DETERMINED IN COURT OF SUMMARY JURISDICTION**

**Crimes Act 1914 (Cth) s 4J(1)**

MAGISTRATESCOURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

[***FULL NAME*]**

**Informant**

**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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| **Consent to indictable offence being heard and determined in Magistrates Court**  The Defendant and the Commonwealth Director of Public Prosecutions consent to:   * [*Enter* *the charge/all charges*] in the Information dated [*date*]. * count[*s*] [*Enter count* *number(s)*] **provision for multiple counts** in the Information dated [*date*] being heard and determined in the Magistrates Court. **Only available for indictable offences against a law of the Commonwealth, being an offence punishable by imprisonment for a period not exceeding 10 years (s 4J(1) *Crimes Act 1914* (Cth)) or where the offence is not punishable by imprisonment and has a pecuniary penalty of not more than 600 penalty units for an individual/3000 penalty units for a body corporate (s 4JA(1)(b) *Crimes Act 1914* (Cth)) not available when the offence(s) charged is/are an offence pursuant to s 4J(7) *Crimes Act* 1914 (Cth)** | |
| …………………………………………  Signature of Defendant  ………………………….  Date  before me …………………………………………  Signature and title of attesting witness  **witness must be a Justice of the Peace, Lawyer, Commissioner for Affidavits, Notary Public or Police Officer**  ………………………………………….  Printed name of witness **stamp here if applicable** | …………………………………………  Signature of Director or person authorised by the Director  …………………………………………  Name of Director or other authorised person  For and on behalf of the Commonwealth Director of Public Prosecutions  ………………………….  Date |
| **Only complete the next signature panel if consent made by solicitor**  …………………………………………  Signature of Solicitor authorised by Defendant to consent on their behalf  ………………………….  Name  ………………………….  Date |  |

**Only complete the next box if Defendant represented by a solicitor**

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| **Certification by solicitor mandatory if Defendant represented**  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 in this proceeding as the Defendant’s solicitor. 3. The Defendant received legal advice about the consequences of consenting to be sentenced in the Magistrates Court before the signing of this form.   …………………………………………  Signature of solicitor  …………………………………………  *Full name of solicitor*  ………………………….  Date |