Form 56

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|  | | | APPLICATION FOR COMMUNITY SERVICE ORDER AND/OR APPROVED TREATMENT PROGRAM  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Fines Enforcement and Debt Recovery Act 2017*  Section 46(1) | | | | | | | | | | | | | | | | | Court Use  Date Filed: | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | | | | File No | | |  | | | | | | |
| Address |  | | | | | | | |  | | | | | | | | |  | | | |  |
|  | *Street* | | | | | | | | *Telephone* | | | | | | | | | *Facsimile* | | | | *DX* |
|  |  | | | |  | |  | | | | |  | | | | | | | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | | | | | | |
| **Debtor/Alleged Offender** | | | | | | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | | | | | DOB | | | |
| Address |  | | | | | | | | |  | | | | | | | | |  | | | |
|  | *Street* | | | | | | | | | *Telephone* | | | | | | | | | *Facsimile* | | | |
|  |  | | | | |  | |  | | | | |  | | | | | | | | | |
|  | *City/Town/Suburb* | | | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | | | | | |
| **Penalty No.** | | **Date Issued** | | **Offence** | | | | | | | | | | | | | **Offence Date** | | | | **Amount Due (Inc. costs etc)** | |
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| **Total Amount Due:** $ | | | | | | | | | | | | | | | | | | | | | | |
| **Total Amount Includes:** | | | | Victims of Crime Levy $ | | | | | | | | | | Compensation $ | | | | | | | | |
| **Grounds**  I make an application for a Community Service Order and/or an order for the completion of an Approved Treatment Program on the basis that the debtor/alleged offender does not have, and is not likely within a reasonable time to have, the means to satisfy a monetary amount without the debtor/alleged offender or his/her dependants suffering hardship.  I attach an outline of the financial circumstances of the debtor/alleged offender to this application. | | | | | | | | | | | | | | | | | | | | | | |
| **Availability and Suitability for Community Service/Approved Treatment Program**  Number of hours available for community service:       hours  Suitability for community service/approved treatment program has been confirmed  Yes  No  If yes, attach supporting documents.  Total number of hours of community service currently ordered: | | | | | | | | | | | | | | | | | | | | | | |
| Date CHIEF RECOVERY OFFICER | | | | | | | | | | | | | | | | | | | | | | |
| **Hearing details** | | | Registry | | | | | | | | | | | | Date | | | | | | | |
|  | | | Address | | | | | | | | | | | | Time       am/pm | | | | | | | |
|  | | | Telephone | | Facsimile | | | | | | Email Address | | | | | | | | | | | |

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| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| Method of service (tick box)  personally;  post;  email, if the address has been confirmed.  I certify that I served the attached document on the debtor/alleged offender in the manner described. |
| Certified this       day of       20 |