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 UseDate 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.** | **DateIssued** | **Offence** | **OffenceDate** | **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:       hoursSuitability for community service/approved treatment program has been confirmed [ ]  Yes [ ]  NoIf 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       |