



APPLICATION FOR COMMUNITY SERVICE ORDER AND/OR APPROVED TREATMENT PROGRAM

Magistrates Court of South Australia

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)
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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			

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.....