Form 57

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | APPLICATION TO REVOKE COMMUNITY SERVICE ORDER AND/OR ORDER TO COMPLETE 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(11) | | | | | | | | | | | | | | Court Use  Date Filed:  Date Posted: | |
|  | | | | | | | | | | | | | | | | | |
| 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* | | | | | | |
| **Particulars of the Application**  Amount of original monetary amount:  Amount of monetary amount paid:  Number of community service hours performed:  Time spent in approved treatment program and reduction thereby:  Amount of monetary amount outstanding: | | | | | | | | | | | | | | | | | |
| **Grounds of Application**  The Chief Recovery Officer makes an application for revocation of the community service order and/or an order to complete an approved treatment program and restoration of a monetary amount. This application is made on the basis that the debtor/alleged offender has the means to pay the monetary amount without himself/herself or his/her dependants suffering hardship.  The Chief Recovery Officer attaches an outline of the financial circumstances of the debtor/alleged offender to this application. | | | | | | | | | | | | | | | | | |
| 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 |