Form 57

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|  | 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 UseDate 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       |

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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       |