Form 62

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|  | | NOTICE OF COMMUNITY SERVICE ORDER OR APPROVED TREATMENT PROGRAM ORDER  **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 | | | | | | | | | | | | | | Court Use  Date Filed:  Date Posted: | |
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| Registry |  | | | | | | | | | | | File No |  | | | | |
| Address |  | | | | | | | |  | | | | |  | | |  |
|  | *Street* | | | | | | | | *Telephone* | | | | | *Facsimile* | | | *DX* |
|  |  | | | |  | |  | | | |  | | | | | | |
|  | *City/Town/Suburb* | | | | *State* | | *Postcode* | | | | *Email Address* | | | | | | |
| **Details of the person against whom the order has been made** | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | DOB | | |
| Address |  | | | | | | | | |  | | | | |  | | |
|  | *Street* | | | | | | | | | *Telephone* | | | | | *Facsimile* | | |
|  |  | | | | |  | |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | | | *State* | | *Postcode* | | | | *Email Address* | | | | | |
| **Details of the offence(s)/penalties to which the order relates** | | | | | | | | | | | | | | | | | |
| **File No.** | | | **Count No.** | **Offence** | | | | | | | | | | | | | |
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| **Order**  The court has considered the application pursuant to section 46 of the *Fines Enforcement and Debt Recovery Act 2017* and is satisfied that you do not have and are not likely within a reasonable time to have, the means to satisfy a monetary amount without you or your dependents suffering hardship. You are not to leave the State for any reason except with the written permission of the Chief Recovery Officer.  The court has ordered you this day as follows:   1. You are to perform       hours of community service within       months from the date of this order, and you must, until such time as you have finished working the required number of hour, obey the lawful directions of the community corrections officer to whom you are assigned for the purposes of the community service. 2. You are to be under the supervision of a community corrections officer for a period of       months from the date of this order and during that period must obey the lawful directions that are given to you by the community corrections officer to whom you are assigned for the purposes of supervision. 3. You are to report, within 2 working days of service, at the office of the Department for Correctional Services closest to your place of residence.  NOTE: You need not report, within the 2 day period, if you receive notice from the Department advising that you do not have to comply with this requirement. 4. You are to perform       hours of an approved treatment program within       months from the date of this order, and you must, until such a time as you have finished the required number of hours, obey the lawful directions of the community corrections officer to whom you are assigned for the purposes of the approved treatment program.   The Court has also ordered: | | | | | | | | | | | | | | | | | |
| Date of Order: | | | | | | | | | | | | | | | | | |
| Date RECEIPT ACKNOWLEDGED | | | | | | | | | | | | | | | | | |
| **What can happen if you fail to comply with this order**  If you fail to comply with any part of the order, you can be sentenced to imprisonment. | | | | | | | | | | | | | | | | | |
| Duplicate notice handed to the above named person on the date set out hereunder. | | | | | | | | | | | | | | | | | |