Form S11

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|  | SUSPENDED SENTENCE BOND**Magistrates Court of South Australia**[www.courts.sa.gov.au](http://www.courts.sa.gov.au) *Sentencing Act 2017*Section 96 | Court UseDate Filed: |
|  |
| Registry |       | File No |       |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Defendant** |
| Name |       |       | DOB       |
|  | *Surname* | *Given name/s* | *dd/mm/yyyy* |
| Address |       |       |       |
|  | *Street* | *Telephone* | *Licence Number* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Details of Offence(s) to which the Bond Relates** |
| Date of offence:      Offence location:      Offence:      Section and Act:       |
| **Term(s) of Imprisonment Ordered** |
| Offence:      Term of Imprisonment:      Commencement date:       |
| **Details of Sentence** |
| Total sentence of imprisonment to be served:      Non-parole period fixed:       |
| **NOTICE TO THE DEFENDANT**The court has recorded a conviction against you for the offence listed above and has imposed the sentence shown for each matter. It has, however, ordered that the sentence be suspended if you enter into a bond. |
| **Details of Your Bond**Length of Bond Term:      Amount of Bond:       |
| **Conditions of Your Bond**1. [ ]  That you be of good behaviour, and comply with all of the conditions of this bond.2. [ ]  That you be under the supervision of a Community Corrections Officer for a period of       and obey the lawful directions given to you by the Community Corrections Officer to whom you are assigned for the purposes of supervision and during that period of supervision 3. [ ]  That you not leave the State for any reason except in accordance with the written permission of the Chief Executive Officer for the Department of Correctional Services.4. [ ]  That you report, within 2 working days of having signed this bond, at the office of the Department of Correctional Services at:       Phone: (08) 8224 2500. (NOTE: You need not report if, within that 2 day period, you receive notice from the Department of Correctional Services that it is not necessary to do so).5. [ ]  That you do not possess a firearm or ammunition or any part of a firearm.6. [ ]  That you submit to such tests (including testing without notice) for gunshot residue as may be reasonably required.7. [ ]  Other:       |
| **IMPORTANT NOTICE TO THE DEFENDANT****What will happen if you comply with the conditions of this bond:**If, at the end of the term of this bond you have complied with all of the conditions mentioned above, the sentence of imprisonment ordered by the court will not have to be served, nor will you have to come back to court.**What will happen if you fail to comply with the conditions of this bond:**If you fail to comply with any of the conditions of your bond, the following things may happen —1. You may be brought back to court, and the court may cancel the order of suspension of the prison sentence imposed on you. You would then have to serve the sentence, or such lesser term of imprisonment as may be fixed by the court.2. You may be ordered to pay the amount of the bond (as set out above), or any lesser amount fixed by the court.3. Any person who has agreed to act as a guarantor to this bond may be ordered to pay the amount of money for which they have signed, or any lesser amount fixed by the court. |
| **Acknowledgement by Probationer**I agree to enter into this bond. I acknowledge that I fully understand its conditions, and I undertake to comply with those conditions. I also understand what will happen to me if I fail to do so.  Date and time PROBATIONER |
| Bond taken before me and duplicate notice(s) served on the date set out hereunder.  Date and time MAGISTRATE / REGISTRAR / JUSTICE OF THE PEACE |