Form S15

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|  | | APPLICATION TO VARY A COMMUNITY SERVICE ORDER  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Sentencing Act 2017*  Section 110(2) | | | | | | | | | | | | Court Use  Date filed:  Date served on respondent:  Date served on Minister for Police, Emergency Services and Correctional Services: |
|  | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | File No | |  | | |
| Address |  | | | | | |  | | | | | |  | |
|  | *Street* | | | | | | *Telephone* | | | | | | *Facsimile* | |
|  |  | | |  | |  | | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | |
| **Applicant** | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | | | |
|  | *Surname* | | | | *Given name/s* | | | | | | | | | |
| Address |  | | | | | | | |  | | | |  | |
|  | *Street* | | | | | | | | *Facsimile* | | | | *Telephone* | |
|  |  | | |  | |  | | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | |
| **Person subject to the Community Service Order** | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | | DOB | |
|  | *Surname* | | | | *Given name/s* | | | | | | | | *dd/mm/yyyy* | |
| Address |  | | | | | | | | | | | |  | |
|  | *Street* | | | | | | | | | | | | *Telephone* | |
|  |  | | |  | |  | | | |  | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | |
| **Community Service Order**  Date of the order:  Court in which the order was made:  Charge/s relating to the order: | | | | | | | | | | | | | | |
| **Details of the order are:**  To perform       hours of community service within       months from the date of order.  The Community Service Order has not expired at the date of the application.  Number of community service hours performed in respect of the order: | | | | | | | | | | | | | | |
| **I now make an application to the court to:**  vary the terms of the order  vary or revoke an ancillary order, namely: | | | | | | | | | | | | | | |
| Date APPLICANT | | | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | | Date | | | |
|  | | Address | | | | | | | | | Time       am/pm | | | |
|  | | Telephone | Facsimile | | | | | Email Address | | | | | | |
| Date MAGISTRATE / REGISTRAR / JUSTICE OF THE PEACE | | | | | | | | | | | | | | |
| **IMPORTANT NOTICE TO THE APPLICANT**  You are required to attend on this date to support your application. | | | | | | | | | | | | | | |
| **IMPORTANT NOTICE TO THE REGISTRAR**  A copy of this application must be served on the Minister for Police, Emergency Services and Correctional Services or the person subject to the Community Service Order. | | | | | | | | | | | | | | |