				Form 44
OR ENFO		Court Use		
COMMUNIT	Y SERVIC	Date Filed:		
n Australia				
		File No		
	City/Town/Suburb	L	State	Postcode
	Email Address		DX	
	City/Town/Suburb		State	Postcode
	Email Address			
			DOB	
	City/Town/Suburb		State	Postcode
	Email Address			
(a true copy of wh	nich is attached he	ereto) at the	Youth (Court on the
manner that is de	tailed in the attac	hed affidavit	t, to comply wit	h the
to the youth, requi				ourt, to give
ed for the youth's a				
ear the contents o	f this application t	o he true an	d correct to the	a hest of my
				/ Sout of my

	Teleph	one	Facsimile		Email	Address		DX	
Applicant									
Full Name									
Address -	Street Teleph				own/Suburb Address	State Postcode			
Particulars of			Facsimile		Linai	Address			
Full Name						DOB			
Address	Street				City/T	own/Suburb		State	Postcode
	Teleph		Facsimile	1	Email	Address			
Details of the Date of offence Section and Ac	е	nce							
Details of the	Com	munity Service O	rder						
The youth was day of AND it is allege	giver ed tha	a community serv 20 t the youth has fail	rice orde ed, in th				·		Court on th h the
 requirement to perform community service. The applicant seeks a notice to be issued to the youth, requiring the youth to appear before the Youth Court, to give reason/s for the breach, and to show cause why the Court should not make a further order. 									
The appl	licant	asks that a warran	t be issu	led for the youth	i's arrest	on the followi	ng grounds:	:	
I, the undersig knowledge and		pplicant, make oatl f.	h and sv	wear the content	s of this a	application to	be true and	l correct to the	best of m
	 Da	ite					Applicant	t	
Taken and sworn before me this day of 20 , at in the State of South Australia.									
	Da	ite			Ju	ustice of the F	Peace/Procla	aimed Police (Officer
		Registry					Date		
Hearing deta	ails						Time		am/pm
		Telephone Facsimile				Email Address			

Street

Registry

Address

APPLICATION F BREACH OF A C ORDER

Youth Court of South www.courts.sa.gov.au

Sentencing Act 2017 Section 115

Proof of Service of A	pplicatic)n			
Name of deponent:					
Address of deponent:					
Name of person served:					
Address at which service effected:					
Date service effected:					
Time of day: Between		am/pm an	nd	am/pm	
Service of application eff	ected:	personally	pre-paid post	🗌 email	
Certified this	day of		20		