**ORIGINATING APPLICATION - FINES ENFORCEMENT - COMMUNITY SERVICE ORDER AND OR APPROVED TREATMENT PROGRAM**

[*MAGISTRATES/YOUTH*] **select one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

**Duplicate panel if multiple Applicants**

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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Responsible Solicitor** | |
| Address for service |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
|  |  |  | |  |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

**Duplicate panel if multiple Respondents**

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| Respondent |  | | | | |
| **Full Name** | | | | |
| Address |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
|  |  |  | |  |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
|  | | | | |
| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| **Application Details**  Matter type: *[Enter matter type]*  This Application is for [*a Community Service Order/an order for the completion of an Approved Treatment Program*]  This Application is made under section 46(1) of the *Fines Enforcement and Debt Recovery Act 2017.*  The Applicant seeks the following orders:  **Enter orders sought in separately numbered paragraphs.**  1. That the [*debtor/alleged offender*] **Select one**   * perform community service in relation to [*Enter* penalt*y/ies*][*Enter number(s)*]. * [*and/or*] **Select one** be required to complete an approved treatment program.   This Application is made on the grounds:   * set out in the accompanying Affidavit sworn by [*name*] on [*date*]. * 1. **Adult only** that the [*debtor/alleged offender*] **Select one** does not have, and is not likely within a reasonable time to have the means to satisfy a monetary amount without the [*debtor/alleged offender*] **Select one** or their dependants suffering hardship, as set out in the outline of the financial circumstances of the [*debtor/alleged offender*] **Select one** to this Application. * 2. that the number of hours available for community service is[*Enter hours*]. * 3. that the [*debtor/alleged offender*]’s **Select one** suitability for [*community service/approved treatment program*] **Select one** has been confirmed, as set out in the supporting document[*s*] attached. * 4. **Youth only** That the [*debtor/alleged offender*] **Select one** was under the age of 18 when the offence was committed in respect of which the pecuniary sum was imposed. * 5. [*Enter other grounds*].   **Penalty details**   1. **provision for multiple** The [*debtor/alleged offender*] **Select one** was convicted of committing [*Enter offence*]on [*date*] and was issued penalty number [*Enter number*] with an amount due of $[*Enter amount*]. 2. The [*debtor/alleged offender*] **Select one** is also liable to pay 3. $[*Enter* *amount*] in Victims of Crime Levy. 4. $[*Enter* *amount*] in Court costs.  * c. $[*Enter amount*] in compensation.  1. **total amount is equal to the amounts above added together** The total amount owed by the [*debtor/alleged offender*] **Select one** is $[*Enter amount*]. 2. The total number of hours of community service currently ordered is [*Enter number*].   **Only complete if applicable otherwise delete**  The Application is urgent because  **Enter grounds in separately numbered paragraphs where more than one** |

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| **To the Other Parties: WARNING**  This Application will be considered at the Hearing at the date and time set out at the top of this document.  If you wish to oppose the Application or make submissions about it:   * you must attend the hearing; and * you must file and serve on all parties a Response within 14 days of the service of the Application; and * if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders, you must file and serve on all parties an Affidavit within14 days after service of the Application.   If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding without further warning.  For instructions on how to file a response to an application and how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482 |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  Accompanying this Application is a:   * Multilingual Notice **mandatory** * Supporting Affidavit **mandatory** * Notice to Respondent Served Interstate **mandatory when address of party to be served is interstate** * Notice to Respondent Served in New Zealand **mandatory when address of party to be served is in NZ** * Notice to Respondent Served outside Australia **mandatory when address of party to be served is overseas & not in NZ** * If other additional document(s) please list below: |