

Case Number:

Date Filed:

FDN:

BAIL AGREEMENT – EXTRADITION (INTERIM)

Service and Execution of Process Act 1992 s 83(12)(a)/85

Extradition Act 1988 s 15(2)/32

A DESIGNATED MAGISTRATE OF THE [MAGISTRATES/YOUTH] Select one COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION**[FULL NAME]**
Applicant**[FULL NAME]**
Respondent

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		
Date of Birth	Date of Birth	Driver's Licence no	
Phone Details	Type (eg. Home; work; mobile) - Number	Another number	

Bail Agreement**Rules (Conditions)****General**

1. I must be of good behaviour and obey the conditions of this Bail Agreement.
2. I must pay \$[amount] if I break any terms or conditions of this Bail Agreement.
3. I must provide security by personally depositing cash in the amount of \$[amount] to secure payment of a financial penalty as promised by me if I break any terms or conditions of this Bail Agreement.
4. I must appear before the Magistrate
- a. [on date, at time, at location]
- b. and at any other time when called on.

I must stay until my matter has been heard.

Supervision

5. **Adult Only** I must be supervised by a Community Corrections Officer ('my Supervising Officer') for the term of this Bail Agreement and I must obey their lawful directions.
6. [BLANK]
7. **Youth Only** I must be supervised by a Department of Human Services (Youth Justice) Officer ('my Supervising Officer') for the term of this Bail Agreement and I must obey their lawful directions.
8. [BLANK]
9. [BLANK]
10. [BLANK]
11. default selected if Youth not selected, default Port Adelaide if bail accommodation support program selected I must report [*within 2 working days of signing this Bail Agreement/immediately*] to the offices of the Community Corrections Centre at [*location*] unless, within that period, I receive a notice from the Chief Executive of the Department for Correctional Services to the contrary.
12. **Adult Only** I must report immediately to the offices of the Courts Unit of the Department for Correctional Services.
13. **Youth Only** I must report immediately to the Officer from the Department of Human Services (Youth Justice) present in court.
14. **Adult Only** I must report [*within 2 working days of signing this Bail Agreement/immediately*] to my Supervising Officer in person at [*location*] or by telephone on [*insert correct phone number*] unless, within that period, I receive a notice from the Chief Executive of the Department for Correctional Services to the contrary.
15. **Youth Only** I must report [*within 2 working days of signing this Bail Agreement/immediately*] to my Supervising Officer by telephone on 1800 621 425 unless, within that period, I receive a notice from the Chief Executive of the Department of Human Services to the contrary.
16. **Adult Only** I must report to the police at [*police station location*] police station between [*time*] and [*time*] every [*reporting day(s)*] starting on [*date*].
17. [BLANK]
18. My Supervising Officer, or a delegate of that Officer, is authorised to reveal that I am subject to this Bail Agreement to any person if it is reasonably necessary to confirm compliance with any condition of this Bail Agreement.

Travel

19. I must not leave South Australia for any reason without the permission of the Magistrate.
20. [BLANK]
21. [BLANK]
22. I must give up any passport I have to [*insert*] and must not apply for a new passport.
23. I must not enter any point of international departure such as an airport or seaport.

Firearms

24. I must not possess a firearm (gun of any sort), ammunition or any part of a firearm.
25. I must submit to such tests (including testing without notice) for gunshot residue as may be reasonably required by a member of the South Australian Police.
26. I must hand in any firearm, ammunition or any part of a firearm owned or possessed by me as soon as I possibly can at the [*location*].

Home Detention

27. **Adult Only** I must live at [address] and stay there while on bail. I must not leave at any time except for:
- necessary medical or dental treatment;
 - avoiding or reducing a serious risk of death or injury (whether to me or some other person);
 - [BLANK];
 - [BLANK];
 - [BLANK];
 - [BLANK];
 - any other reason approved or directed by my Supervising Officer.
28. I must reside at [address] and remain at that place of residence while on bail, not leaving it except for one of the following purposes
- necessary medical or dental treatment for me
 - averting or minimising a serious risk of death or injury (whether to me or some other person)
 - any other purpose approved by the Chief Executive of the Department [for Correctional Services/of Human Services].
29. **accommodation support program selected** I must live at the Bail Support Accommodation Program Facility, 77 Thomas Place, Port Adelaide 5013 and stay there while on bail. I must not leave at any time except for:
- necessary medical or dental treatment;
 - avoiding or reducing a serious risk of death or injury (whether to me or some other person);
 - going to remunerated (paid) employment at such times and places as approved from time to time by my Supervising Officer;
 - going to a place to undergo assessment or treatment (or both) relating to my mental or physical condition as approved or directed by my Supervising Officer;
 - going to an intervention program as approved or directed by my Supervising Officer;
 - going to any other course of education, training or instruction, or other activity as approved or directed by my Supervising Officer;
 - any other reason approved or directed by my Supervising Officer.
30. **Youth only** I must live at [address] and stay there while on Bail. I must not leave at any time except for:
- remunerated (paid) employment;
 - necessary medical or dental treatment;
 - any activity as required by my bail conditions or as approved or directed by my Supervising Officer.
31. I must not leave the court building or my current institution until I have been fitted with an electronic transmitter.
32. When I am released, I must go straight to [address], so I can have an electronic transmitter fitted and when I get there, I must contact the Home Detention Unit of the Department [for Correctional Services/of Human Services] by telephone on [1300 796 199/1800 814 914].
33. When I am released, I must go straight to the offices of the Department [for Correctional Services/of Human Services] at [location] and I must report to my Supervising Officer so I can have an electronic transmitter fitted and then go straight to [address].
34. When I am released:
- I agree to be fitted with a device of a kind approved by the Chief Executive of the Department [for Correctional Services/of Human Services] for the purpose of monitoring compliance with the previous conditions and to comply with all reasonable directions of the Chief Executive Officer in relation to the device.

- b. I must wear the electronic transmitter and obey the Department [*for Correctional Services/of Human Services*] rules of electronic monitoring, including charging the transmitter daily, for the term of this Bail Agreement.
- c. I must always be contactable by mobile telephone following words default selected if class 1 or class 2 offence or serious and organised crime suspect selected [*that does not provide access to the internet*]. I must give my contact details to my Supervising Officer so they can use it to get in touch with me at all times while I am electronically monitored.
- d. I must not do any water related sport or activity at any time unless this has been approved beforehand by my Supervising Officer.
- e. I must come to an entrance to the required address at the request of my Supervising Officer [*or a Police Officer*]. I understand that I can only be away from the house for reasons that are allowed in this Bail Agreement.
- f. I must answer any calls or text messages from my Supervising Officer straight away on the mobile phone number I have given.
- g. I must comply with any direction given by my Supervising Officer.

- 35. I give permission for the Department [*for Correctional Services/of Human Services*] to tell other people that I am under a home detention condition of Bail if that is needed to check my employment (work) or that I am obeying my Bail Agreement conditions.
- 36. If an emergency requires me to move to another address:
 - a. I must not move until I have obtained the permission of my Supervising Officer; and
 - b. I must apply for a variation of the conditions of this Bail Agreement within 2 working days; and
 - c. the conditions of this Agreement will continue to apply as though the new address were specified in this Agreement.

Residence (place of living)

- 37. I must live at [*address*]
- 38. Adult only I must live at the Bail Support Accommodation Program Facility at 77 Thomas Place, Port Adelaide SA 5013.
- 39. I must live where my Supervising Officer directs.
- 40. Youth Only I must live where [*my Supervising Officer/the Department for Child Protection*] directs, at first with [*name*].
- 41. I must stay at the required address between the hours of [*time*] and [*time*] and I must be at an entrance to that address if asked to by my Supervising Officer or a Police Officer, unless absent:
 - a. for emergency medical or dental treatment, to avoid or reduce a serious risk of death or injury to myself or another or for any other reason approved by my Supervising Officer;
 - b. in line with the terms and conditions of this Bail Agreement.
- 42. Youth only I must stay at the required address between the hours of [*time*] and [*time*] and I must be at an entrance to that address if asked to by my Supervising Officer or a Police Officer, unless absent:
 - a. for emergency medical or dental treatment, to avoid or reduce a serious risk of death or injury to myself or another or for any other reason approved by my Supervising Officer;
 - b. in line with the terms and conditions of this Bail Agreement;
 - c. in the company of [*name/an adult approved by my Supervising Officer*].
- 43. While a resident at the Bail Accommodation Support Program ('BASP'), I must obey all lawful directions of BASP staff. I must not assault, threaten, harass or intimidate any BASP staff or person living there.
- 44. default selected if general residential condition selected If an emergency requires me to move to another address:
 - a. I must not move until I have obtained the permission of my Supervising Officer; and

- b. I must apply for a variation of the conditions of this Bail Agreement within 2 working days; and
- c. the conditions of this Agreement will continue to apply as though the new address were specified in this Bail Agreement.

- 45. I must not live at [address(es)].
- 46. I must not live with [name(s)].

Monitoring

- 47. When I am released, I:
 - a. default selected must go straight to [address], so I can have an electronic transmitter fitted following text displayed if address is home address rather than Department address and when I get there, I must contact the Home Detention Unit of the Department [for Correctional Services/of Human Services] by telephone on [1300 796 199/1800 814 914];
 - b. youth only must remain in custody pending the availability of an electronic monitoring device;
 - c. must wear the electronic transmitter and obey the Department [for Correctional Services/of Human Services] rules of electronic monitoring, including charging the transmitter daily, for the term of this Bail Agreement.
 - d. must always be contactable by mobile telephone [that does not provide access to the internet]. I must give my contact details to my Supervising Officer so they can use it to get in touch with me at all times while electronically monitored.
 - e. must not do any water related sport or activity at any time unless this has been approved beforehand by my Supervising Officer.
 - f. must answer straight away to any calls or text messages from the Department [for Correctional Services/of Human Services] on the mobile phone number I have given.

Programs

- 48. [BLANK]
- 49. [BLANK]
- 50. [BLANK]
- 51. [BLANK]

Communication

- 52. I must not communicate with any person other than [specify person or class].
- 53. I must not possess (have) any telephone, mobile phone, computer or other telecommunication device except [specify device(s)] and I must only use permitted device(s) for communication reasons.
- 54. [BLANK].
- 55. [BLANK]
- 56. [BLANK]
- 57. [BLANK]
- 58. [BLANK]
- 59. [BLANK].
- 60. [BLANK]
- 61. [BLANK]
- 62. [BLANK]
- 63. [BLANK]

Drugs and Alcohol

- 64. I must not use
 - a. alcohol
 - b. any drug that is not prescribed by a doctor registered in South Australia or legally available in another way, and then only at the prescribed or recommended dosage
 - c. [other]

and I must have any tests that are needed to check if I am obeying these orders as directed by my Supervising Officer. I must sign all needed forms and obey all of the testing procedures.

- 65. [BLANK]
- 66. [BLANK]

Other Conditions

- 67. I must not be released from custody until appropriate transport is arranged to facilitate my immediate transportation to [nominated place/address].
- 68. [other conditions] provision for multiple additional conditions

Guarantee

- 69. I must give a written guarantee from [name, address, date of birth], in acceptable terms, in the sum of \$[amount] that they know me and they are confident that I will obey the conditions of this Bail Agreement.
- 70. I must give a written guarantee from an acceptable person, in acceptable terms, in the sum of \$[amount] that they know me and they are confident that I will obey the conditions of this Bail Agreement.
- 71. I must obtain security from the Guarantor by depositing cash in the amount of \$[amount] to secure payment of a financial penalty by the Guarantor as promised by the Guarantor if I break any terms or conditions of this Bail Agreement.

- 72. [BLANK]
- 73. [BLANK]
- 74. [BLANK]

Respondent

I agree to this Bail Agreement. I have been provided with a copy of this Bail Agreement.

.....
Signature of Respondent

.....
Name printed

Witness

.....
Signature of witness

.....
Printed name and title of witness stamp here if applicable

.....
Date

Authentication

.....
Signature of Magistrate
[*title and name*]