**ORDER – FINES ENFORCEMENT ACT – 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**

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| **Introduction****Hearing**Hearing Location: [*suburb*][*Hearing date*] [*Listed starting time*] Hearing type:[*Presiding Officer*]**Appearances**[*Applicant/Appellant Appearance Information*][*Respondent Appearance Information*]**Remarks**Pursuant to section 46 of the *Fines Enforcement and Debt Recovery Act 2017* the Court is satisfied that:* (a) the Respondent (‘the Subject’) does not have, and is not likely within a reasonable time to have, the means to satisfy the monetary amount owed, namely [*amount*] without they or theirdependents suffering hardship.
* (b)  **Youth Court only** the [Applicant/Respondent] (‘the Subject’) is a youth who wishes to complete community service in lieu of paying the monetary amount owed, namely [*amount*].
* (c) **Magistrates Court only if approved treatment program** the Subject is eligible for services to be included on the program in accordance with applicable eligibility criteria and the services are available for the Subject at a suitable time and place.
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| **Order****Date of Order:** [*date*]**Terms of Order**It is ordered that:**Orders in separately numbered paragraphs.** |
|  |  | Pursuant to section 46 of the *Fines Enforcement and Debt Recovery Act 2017*, the Subject perform [*number of hours*] **must not exceed 7.5 if monetary amount is less than $200. If monetary amount is greater than $200, 7.5 hours for each $200 and for any fraction left after dividing the sum by 200- see *Fines Enforcement and Debt Recovery Act 2017* s 46(3)(a)** hours of community service within [*number of years*] [*number of months*] [*number of days*] **must not exceed 18 months – see *Sentencing Act 2017* s 105(1)(c) and *Fines Enforcement and Debt Recovery Act 2017* s 46(7)(b)** from the date of this order and obey the directions of the [*Community Corrections/Department of Human Services, Youth Justice*] Officer assigned for the purposes of the community service. |
|  |  | The Subject be under the supervision of a [*Community Corrections/Department of Human Services, Youth Justice*] Officer for a period of [*number of years*] [*number of months*] [*number of days*] and obey the lawful directions of the [*Community Corrections/Department of Human Services, Youth Justice*] Officer assigned for the purposes of supervision during that period. **s 106 and 107 *Sentencing Act 2017* applies see *Fines Enforcement and Debt Recovery Act 2017* s 46(7)(c) and s 46(7)(d).** |
|  |  | The Subject report within 2 working days of this order at the offices of the Department [*for Correctional Services/of Human Services, Youth Justice*] at [*location*]. The Department [*for Correctional Services/of Human Services, Youth Justice*] may be contacted by telephone on [*(08) 8224 2500/1800 621 425*]. **Note that reporting is not required if the Department within that 2 day period notifies the Respondent that it is not necessary to do so**. |
|  |  | The Subject must not, during the period for which the order applies, leave the State for any reason except in accordance with the written permission of the Chief Recovery Officer. **see s 46(3)(b) *Fines Enforcement and Debt Recovery Act 2017*** |
|  |  | The Subject perform [*number of hours*] hours of an approved treatment program within [*number of months*] months from the date of this order and obey the directions of the [*Community Corrections/Department of Human Services, Youth Justice*] Officer assigned for the purposes of the approved treatment program. |
|  |  | [*other*] |

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| **Authentication**…………………………………………Signature of Court Officer[*title and name*] |

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| **To the *Subject*:** **WARNING**Pursuant to section 47 of the *Fines Enforcement and Debt Recovery Act 2017*, if you fail to comply with any part of this order, you can be sentenced to [*imprisonment/detention*]. |

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| **Acknowledgement by Subject**I acknowledge that I have received a copy of the Community Service Order. I understand its conditions and I understand what will happen if I fail to obey these conditions.…………………………………………Signature of Subject…………………………………………Name printed………………………….Date**Witness**………………………………………………Signature of authorised witness**witness must be the Judicial Officer making order, the registrar or deputy registrar of a Court, a justice of the peace, a police officer of or above the rank of sergeant or the responsible officer for a police station, the manager of a training centre if the Respondent is in a training centre, the person in charge of a prison if the Respondent is in a prison, or a delegate of any of these persons or any other person or class of persons specified by the Court****next item not displayed if witness is sentencing Judicial Officer**………………………………………….Printed name and title of witness **stamp here if applicable**………………………….Date |