**ORIGINATING APPLICATION TO VARY OR REVOKE ORDER – COMMUNITY SERVICE ORDER OR APPROVED TREATMENT PROGRAM ORDER**

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH*] **Select one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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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** |
|  |
| **Email address** |
| Phone Details |  |  |
| **Number** | **Alternative number (optional)** |

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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 |  |  |
| **Number** | **Alternative number (optional)** |

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| **Application details**Matter type: [*Enter matter type*]Original Case Number: [*Enter original case number*]This Application is for revocation of a [*Community Service/Approved Treatment Program*] **select one.** and **r**estoration of the monetary amount. This Application is made under section 46(11) of the *Fines Enforcement and Debt Recovery Act 2017*.The applicant seeks the following orders:**Enter numbered paragraphs** * The [*Community Service/Approved Treatment Program*] **select one** Order made on [*date*] [*Enter* *Court file number*] be revoked.
* The restoration of the monetary amount of [*Enter amount*].

This Application is made on the grounds* set out in the accompanying Affidavit sworn by [*full* *name*] on [*Enter date*].
* that:

**Enter grounds in numbered paragraphs****Complete if applicable otherwise delete** This Application is urgent on the grounds * set out in the accompanying Affidavit sworn by [*full name*] on [*date*].
* that:

**Enter grounds in numbered paragraphs****Complete if applicable otherwise delete**This Application is made with the consent of the [*Enter party title*] [*full name*] as evidenced by [*Enter* *evidence*]**eg letter or email from party’s solicitor** **provision for multiple** |

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| **To the Respondent: 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
* 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 against you** without further warning.For instructions on 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:* Supporting Affidavit **mandatory**
* Original order **mandatory**
* If other additional document(s) please list below:
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