

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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<p>Hearing Date and Time:</p> <p>Hearing Location:</p>
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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

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)	

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)

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 restoration 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

1.

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

1.

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

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 within 14 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>

Service

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

Accompanying documents

Accompanying this Application is a:

- Supporting Affidavit mandatory
- Original order mandatory
- If other additional document(s) please list below: