**ORDER FOR REVOCATION – REVOCATION OF COMMUNITY SERVICE ORDER OR APPROVED TREATMENT PROGRAM ORDER AND RESTORATION OF MONETARY AMOUNT**

MAGISTRATESCOURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

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| **Introduction**  **Hearing**  Hearing Location: [*suburb*]  [*Hearing date*]  Hearing type:  [*Presiding Officer*]  **Appearances**  [*Applicant Appearance Information*]  [*Respondent Appearance Information*]  **Remarks**   1. The Court is satisfied that the Respondent, being a person subject to an order under section 46 of the *Fines Enforcement and Debt Recovery Act 2017* made by the [*Court*] on [*date*] in [*case number*] for the payment of $[*amount*], has the means to pay the amount without the Respondent or the Respondent’s dependants suffering hardship. |

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| **Order**  **Date of Order:** [*date*]  **Terms of Order**  Pursuant to section 46(11) of the *Fines Enforcement and Debt Recovery Act 2017*,it is ordered that:  **Orders in separately numbered paragraphs.**   * 1. The [*Community Service/Approved Treatment Program*] Order made on [*date*] [*Court case number*] by [*Judicial Officer*], be revoked. * 2. The monetary amount, namely $[*amount*], be restored. * 3. [*other orders*]. |

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