**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*] |