**COMMUNITY SERVICE ORDER AND ACKNOWLEDGEMENT**

**Sentencing Act 2017 s 25**

[*SUPREME/DISTRICT/MAGISTRATES/**YOUTH/ENVIRONMENT RESOURCES AND DEVELOPMENT*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Informant/R**

**v**

**[*FULL NAME*]**

**Defendant/Youth**

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| Defendant/Youth |  |
| **Full Name** |
| Address |  |
| **Street Address (including unit or level number and name of property if required)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Date of Birth/Licence no |  |  |
| **Date of Birth** | **Driver’s Licence no (if any)** |
| Phone Details |  |  |
| **Type (eg. Home; work; mobile) – Number** | **Another number** |

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| **Details of Community Service Order**The [*Defendant/Youth*], has been found guilty of count[*s*] [*number(s)*]on the Information dated [*date*].The [*Defendant/Youth*] is sentenced to perform community service in relation to count[*s*] [*number(s)*]on the Information dated [*date*] on the following terms:1. the [*Defendant/Youth*] perform [*number*] hours of community service within [*no of years*] [*no of months*] [*no of days*] from the date of this order and, until such time as working the required number of hours has finished, and obey the lawful directions of the [*Community Corrections/DHS Youth Justice*] Officer assigned for the purposes of supervision of my performance of community service during that period.
2. the [*Defendant/Youth*] report within 2 working days of this order at the offices of the [*Department for Correctional Services/Department of Human Services*] at [*location*]. The [*Department for Correctional Services/of Department of Human Services*] may be contacted by telephone on (08) 8224 2500/1800 621 425.
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| **Authentication**…………………………………………Signature of Court Officer[*title and name*] |

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| **What can happen if you fail to obey conditions of this order**If you fail to do the community service required under this order, **you may be liable to [*imprisonment/home detention*] former if Defendant adult, latter if youth for up to 6 months**. The exact length of time will depend on how many hours of community service you have not done. |

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| **Acknowledgement by [*Defendant/Youth*]**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 Defendant…………………………………………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 |