**SUSPENDED SENTENCE BOND**

**Sentencing Act 2017 s 96**

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

CRIMINAL JURISDICTION

**[*FULL NAME*]**

**Informant/R**

**v**

**[*FULL NAME*]**

**Defendant**

|  |  |
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| Defendant |  |
| **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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| **Introduction**The Defendant has been found guilty of count[*s*] [*number(s)*]on the Information dated [*date*].The Defendant was sentenced in relation to [*the/these*] count[*s*] to the following terms of imprisonment: **provision for multiple numbered paragraphs**1. Offence: [*description*]

Term of imprisonment: [*no of years*] [*no of months*] [*no of days*]Commencement date: [*date*]This amounts to a total sentence of imprisonment of [*no of years*] [*no of months*] [*no of days*].* A non-parole period of [*no of years*] [*no of months*] [*no of days*] has been set in relation to this sentence.

The Court has ordered that this sentence be suspended if the Defendant enters into this Suspended Sentence Bond. * **following words displayed if sentence partially suspended** after the Defendant has served [*no of years*] [*no of months*] [*no of days*] imprisonment.
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| **Suspended Sentence Bond** |
| **Details**Term of Bond: [*no of years*] [*no of months*] [*no of days*]Amount of Bond: $[*amount*]I agree to obey all of the conditions of this Bond.I understand that:* if at the end of the term of this Bond I have complied with the conditions of the Bond set out below, the Bond will lapse automatically. If that happens I will not be required to come back to Court and I cannot be punished further for the offences to which this Bond relates;
* if I fail to obey the conditions of this Bond:
* I may be brought back to Court and the Court may cancel the suspension of the imprisonment related to this Bond and **I will have to serve the sentence of imprisonment**, or such lesser term of imprisonment as may be set by the Court;
* I may be ordered to **pay the amount of Bond** set out above, or any lesser amount set by the Court;
* Any **person** who has agreed to act as a Guarantor for this Bond **may be ordered to pay the amount of money they have guaranteed**, or any lesser amount set by the Court.
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| **Rules (Conditions)** |
| **General**  |
|  |  | I must be of good behaviour and obey the conditions of this Bond. |
| *
 |  | I must pay to the Court $[*amount*] if I break any terms or conditions of this Bond. |
| **Supervision**  |
|  |  | I must be supervised by a Community Corrections Officer (‘my Supervising Officer’) for the term of this Bond and I must obey their lawful directions. |
|  |  | I must be supervised by a Community Corrections Officer (‘my Supervising Officer’) for a period of [no of years] [no of months] [no of weeks] [no of days] and I must obey their lawful directions. |
|  |  | **default Port Adelaide if bail accommodation support program selected** I must report [*within 2 working days of signing this Bond/immediately*] to the offices of the Community Corrections Centre at [*location*] unless, within that period, I receive a notice from the Chief Executive of the Department for Correctional Servicesto the contrary. |
|  |  | I must report immediately to the offices of the Courts Unit of the Department for Correctional Services.  |
|  |  | I must report [*within 2 working days of signing this Bond/immediately*] to my Supervising Officer in person at [*location*] or by telephone on [insert correct phone number] unless, within that period, I receive a notice from the Chief Executive of theDepartment for Correctional Services to the contrary. |
|  |  | **[BLANK].** |
|  |  | My Supervising Officer, or a delegate of that Officer, is authorised to reveal that I am subject to this Bondto any person if it is reasonably necessary to confirm employment (work) or compliance with any condition of this Bond. |
| **Travel** |
|  |  | **default selected if no supervision condition selected** I must not leave South Australia for any reason without the written permission of:* a Judge or Magistrate; or
* a police officer who is at or above the rank of sergeant; or
* a police officer who is the responsible officer for a police station
 |
|  |  | **default selected if supervision condition selected** I must not leave South Australia for any reason without the written permission of the Chief Executive of the Department for Correctional Services or nominee. |
|  |  | I can leave South Australia to travel to [*location*] between [*date*] and [*date*], both dates inclusive. I must report to [*location*] by no later than [*time*] on [*date*].  |
|  |  | I must give up any passport I have to the Registrar of the [*Court*] at [*location*] and must not apply for a new passport. |
|  |  | I must not enter any point of international departure such as an airport or seaport. |
| **Firearms** |
|  |  | I must not possess a firearm (gun of any sort), ammunition or any part of a firearm. |
|  |  | I must submit to such tests (including testing without notice) for gunshot residue as may be reasonably required by a member of the South Australian Police. |
|  |  | I must hand in any firearm, ammunition or any part of a firearm owned or possessed by me as soon as I possibly can at the [*location*] Police Station.  |
| **Residence (place of living)** |
|  |  | I must live at [*address*] |
|  |  | I must live where my Supervising Officer directs. |
|  |  | 1. **[BLANK].**
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|  |  | **default selected if general residential condition selected** If an emergency requires me to move to another address:1. I must not move until I have obtained the permission of my Supervising Officer; and
2. I must apply to the Court for a variation of the conditions of this Bond within 2 working days; and
3. the conditions of this Bond will continue to apply as though the new address were specified in this Bond.
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|  |  | I must not live at [*address(es)*]. |
|  |  | I must not live with [*name(s)*]. |
|  |  | **[BLANK].** |
| **Community Service** |
|  |  | I must do [*number*] hours of community service within [no] of months from the date of this Bond until the hours of community service are complete, unless otherwise notified by the Minister for Correctional Services or ordered by the Court and obey the lawful directions of the Community Corrections Officer to whom I am assigned for the purposes of supervision of my performance of community service during that period. |
| **Programs**  |
|  |  | I must go to an assessment at Owenia House as directed by my Supervising Officer. I must do what is asked of me, including taking part in treatment that is advised after the assessment. |
|  |  | I must1. contact the CAA Intervention Program Manager by telephone on 08 8204 8815 within 2 working days to book an assessment interview with the CAA Senior Clinical Assessment and Liaison Officer (Abuse Prevention Program) and I must turn up to the appointment; and
2. if assessed as suitable, go to and complete an Abuse Prevention Program that the CAA Intervention Program Manager says is suitable.
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|  |  | I must go to an assessment and, if assessed as suitable, go to and complete any:1. psychiatric, psychological or medical assessment, treatment, counselling, or therapy programs, including for drug abuse;
2. educational, vocational or recreational programs;
3. intervention program;
4. programs and projects,

that my Supervising Officer reasonably directs. |
|  |  |  I must pay [*amount in dollars or percentage of cost*] towards the cost of [*any course or treatment/specify courses or treatments*] required to be undertaken by me under the condition[s] above. |
| **Communication**  |
|  |  | **mandatory if serious and organised crime suspect** I must not possess (have) any telephone, mobile phone, computer or other telecommunication device except [*specify device(s)*] and I must only use permitted device(s) for communication reasons. |
|  |  | I must not: 1. possess (have) or use any device that lets me communicate with any other person on the internet or freely browse or search on the internet except[*specify device(s)*] and unless I have permission beforehand from my Supervising Officer;
2. use the internet, or attempt to use the internet, directly or indirectly, except for the purpose of banking, employment, education, or essential Australian government services, including public transport; or
3. use any social media, networking or chat based applications on the internet or any electronic devices.
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| **Association**  |
|  |  | I must not go near or stay near a child or person under the age of [*number*] years unless I am with a person approved by my Supervising Officer. I must sign all required forms and obey the directions of my Supervising Officer about the choice and approval of the approved person. |
|  |  | I must not go or stay within [*500 metres (half a kilometre)/other distance*] of any school, kindergarten or childcare centre. |
|  |  | I must not directly or indirectly approach, communicate with, contact, or go or stay within [*number*] metres of [*person(s) and/or class(es) of persons*] unless I have permission beforehand from my Supervising Officer. |
|  |  | I must not go or stay within [*number*] metres of the boundary of any place where [*name*] may live or work. |
|  |  | I must not [*go to* [*location*] [*or*] go or stay within the area [*description of area, including boundaries*]]:1. unless I am with a person approved by my Supervising Officer or
2. unless I have permission beforehand from my Supervising Officer.
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|  |  | I must not do any child related work and I must not apply for child related work except[*specify exception(s)*]. |
|  |  | I must not assault, harass, threaten or intimidate [*name*]. |
|  |  | I must obey the terms of any active Intervention Order. |
| **Employment**  |
|  |  | I must tell my Supervising Officer of any change of employment within 2 working days of the change. |
| **Drug and Alcohol**  |
|  |  | I must not use 1. alcohol
2. any drug that is not prescribed by a doctor registered in South Australia or legally available in another way, and then only at the prescribed or recommended dosage
3. [*other*]

and I must have any tests that are needed to check if I am obeying these orders as directed by my Supervising Officer*.* I must sign all needed forms and obey all of the testing procedures. |
|  |  | I must not drive, or sit in the driver’s seat of, a motor vehicle while any alcohol or any other drug is in my blood or oral fluid (saliva), unless the drug was prescribed by a doctor or is available in some other legal way. |
| **Driver’s Licence**  |
|  |  | I must not drive, or sit in the driver’s seat of a motor vehicle, [*unless I hold a current driver’s licence*]. |
| **Other Conditions** |
|  |  | I must not be released from custody until appropriate transport is arranged to facilitate my immediate transportation to [*nominated place/address*]. |
|  |  | [*other conditions*] **provision for multiple additional conditions** |

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| **Acknowledgement by Defendant**I acknowledge that I have received a copy of the Suspended Sentence Bond. I understand its conditions and I understand what will happen if I fail to obey these conditions.…………………………………………Signature of Defendant…………………………………………Name printed**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 |