**BAIL AGREEMENT VARIATION**

**Bail Act 1985 s 6**

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH*] **Select one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

[***FULL NAME*]**

**Informant/R**

**v**

**[*FULL NAME*]**

**Defendant/Youth**

|  |  |
| --- | --- |
| 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** |
| Phone Details |  |  |
| **Type (eg. Home; work; mobile) - Number** | **Another number** |

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| --- |
| **Bail Agreement** |
| I, the [*Defendant/Youth*] of the above address, having been* charged with the [*offence/offences*] listed in the Information dated [*date*],
* convicted of the [*offence/offences*] [*being count/counts* [*number(s)*]] listed in the Information dated [*date*],

agree to obey all the bail rules listed in this agreement.I understand that if I do not appear when required, or if I do not obey the bail rules— **I may be arrested by the police** with or without a warrant; and **I may have to pay any money** that I have agreed to pay to the Court if I break this agreement; and **I may be convicted of an offence** against the *Bail Act 1985* **and may be sent to prison** **for up to 2 years or fined up to $10,000**. |
| **Rules (Conditions)** |
| **General**  |
|  |  | I must be of good behaviour and obey the conditions of this Bail Agreement. |
|  |  | I must pay to the Court $[*amount*] if I break any terms or conditions of this Bail Agreement. |
|  |  | I must provide security by personally depositing cash with the Court in the amount of $[*amount*] to secure payment of a financial penalty as promised by me if I break any terms or conditions of this Bail Agreement.  |
|  |  | I must come to Court 1. [*on date, at time, at location, in court*]
2. and at any other time when called on.

I must stay at Court until my matter has been heard unless a Court Officer tells me not to be in Court. I understand the hearings I must attend include Court hearings about sentencing, appeals, and reviews of Court decisions. |
| **Supervision**  |
|  |  | **Adult Only** I must be supervised by a Community Corrections Officer(‘my Supervising Officer’)for the term of this Bail Agreement and I must obey their lawful directions. |
|  |  |  **[BLANK]** |
|  |  | **Youth Only** I must be supervised by a Department of Human Services (Youth Justice) Officer(‘my Supervising Officer’)for the term of this Bail Agreement and I must obey their lawful directions. |
|  |  |  **[BLANK]** |
|  |  | I must be supervised by a Treatment Intervention Court case manager (‘my Supervising Officer’)for the term of this Bail Agreement and I must obey their lawful directions. |
|  |  |  **[BLANK]** |
|  |  | **default selected if Youth not selected, default Port Adelaide if bail accommodation support program selected** I must report [*within 2 working days of signing this Bail Agreement/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. |
|  |  | **Adult Only** I must report immediately to the offices of the Courts Unit of the Department for Correctional Services.  |
|  |  | **Youth Only** I must report immediately to the Officer from the Department of Human Services (Youth Justice) present in Court. |
|  |  | **Adult Only** I must report [*within 2 working days of signing this Bail Agreement/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. |
|  |  | **Youth Only** I must report [*within 2 working days of signing this Bail Agreement/immediately*] to my Supervising Officer by telephone on 1800 621 425unless, within that period, I receive a notice from the Chief Executive of theDepartment of Human Services to the contrary. |
|  |  | **Adult Only** I must report to the police at [*police station location*] police station between [*time*] and [*time*] every[*reporting day(s)*] starting on [*date*]. |
|  |  | **Youth Only** I must go to school on every normal school day unless I have legal reason not to be there (eg being sick). |
|  |  | My Supervising Officer, or a delegate of that Officer, is authorised to reveal that I am subject to this Bail Agreementto any person if it is reasonably necessary to confirm employment (work) or compliance with any condition of this Bail Agreement. |
| **Travel** |
|  |  | **default selected if no supervision condition selected** I must not leave South Australia for any reason without the permission of a Judge or Magistrate. |
|  |  | **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/of Human 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** |
|  |  | **mandatory unless cogent reasons and no undue risk** I must not possess a firearm (gun of any sort), ammunition or any firearm part. |
|  |  | **mandatory unless cogent reasons and no undue risk** 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 firearm part owned or possessed by me as soon as I possibly can at the [*location*] Police Station.  |
| **Home Detention** |
|  |  | **Adult Only** I must live at [*address*] and stay there while on bail. I must not leave at any time except for:1. necessary medical or dental treatment;
2. avoiding or reducing a serious risk of death or injury (whether to me or some other person);
3. going to remunerated (paid) employment at such times and places as approved from time to time by my Supervising Officer;
4. going to a place to undergo assessment or treatment (or both) relating to my mental or physical condition as approved or directed by my Supervising Officer;
5. going to an intervention program as approved or directed by my Supervising Officer;
6. going to any other course of education, training or instruction, or other activity as approved or directed by my Supervising Officer;
7. any other reason approved or directed by my Supervising Officer.
 |
|  |  | **Mandatory if serious and organised crime suspect** I must reside at [address] and remain at that place of residence while on bail, not leaving it except for one of the following purposes:1. necessary medical or dental treatment for me
2. averting or minimising a serious risk of death or injury (whether to me or some other person)
3. any other purpose approved by the Chief Executive of the Department [*for Correctional Services/of Human Services*].
 |
|  |  | **accommodation support program selected** I must live at the Bail Support Accommodation Program Facility, 77 Thomas Place, Port Adelaide 5013 and stay there while on bail. I must not leave at any time except for:1. necessary medical or dental treatment;
2. avoiding or reducing a serious risk of death or injury (whether to me or some other person);
3. going to remunerated (paid) employment at such times and places as approved from time to time by my Supervising Officer;
4. going to a place to undergo assessment or treatment (or both) relating to my mental or physical condition as approved or directed by my Supervising Officer;
5. going to an intervention program as approved or directed by my Supervising Officer;
6. going to any other course of education, training or instruction, or other activity as approved or directed by my Supervising Officer;
7. any other reason approved or directed by my Supervising Officer**.**
 |
|  |  | **Youth only** I must live at [*address*] and stay there while on Bail. I must not leave at any time except for:1. remunerated (paid) employment;
2. necessary medical or dental treatment;
3. going to school, work, or training or any other activity as required by the Court or as approved or directed by my Supervising Officer.
 |
|  |  | I must not leave the court building or my current institution until I have been fitted with an electronic transmitter. |
|  |  | When I am released from court, I must go straight to [*address*], so I can have an electronic transmitter fitted and when I get there, I must contact the Home Detention Unit of the Department [*for Correctional Services/of Human Services*] by telephone on [*1300 796 199/1800 814 914*]. |
|  |  | When I am released from court, I must go straight to the offices of the Department [*for Correctional Services/of Human Services*] at [*location*] and I must report to my Supervising Officer so I can have an electronic transmitter fitted and then go straight to [*address*]. |
|  |  | **mandatory if serious and organised crime suspect** When I am released from Court:1. I agree to be fitted with a device of a kind approved by the Chief Executive of the Department [*for Correctional Services/of Human Services*] for the purpose of monitoring compliance with the previous conditions and to comply with all reasonable directions of the Chief Executive Officer in relation to the device.
2. I must wear the electronic transmitter and obey the Department [*for Correctional Services/of Human Services*] rules of electronic monitoring, including charging the transmitter daily, for the term of this Bail Agreement.
3. I must always be contactable by mobile telephone **following words default selected if class 1 or class 2 offence or serious and organised crime suspect selected** [*that does not provide access to the internet*]. I must give my contact details to my Supervising Officer so they can use it to get in touch with me at all times while I am electronically monitored.
4. I must not do any water related sport or activity at any time unless this has been approved beforehand by my Supervising Officer.
5. I must come to an entrance to the required address at the request of my Supervising Officer [*or a Police Officer*]. I understand that I can only be away from the house for reasons that are allowed in this Bail Agreement.
6. I must answer any calls or text messages from my Supervising Officer straight away on the mobile phone number I have given.
7. I must comply with any direction given by my Supervising Officer.
 |
|  |  | I give permission for the Department [*for Correctional Services/of Human Services*] to tell other people that I am under a home detention condition of Bail if that is needed to check my employment (work) or that I am obeying my Bail Agreement conditions. |
|  |  | 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 Bail Agreement within 2 working days; and
3. the conditions of this Agreement will continue to apply as though the new address were specified in this Agreement.
 |
| **Residence (place of living)** |
|  |  | I must live at [*address*]  |
|  |  | **Adult only** I must live at the Bail Support Accommodation Program Facility at 77 Thomas Place, Port Adelaide SA 5013. |
|  |  | I must live where my Supervising Officer directs. |
|  |  | **Youth Only** I must live where [*my Supervising Officer/the Department for Child Protection*] directs, at first with [*name*]. |
|  |  | I must stay at the required address between the hours of [*time*] and [*time*] and I must be at an entrance to that address if asked to by my Supervising Officer or a Police Officer, unless absent: 1. for emergency medical or dental treatment, to avoid or reduce a serious risk of death or injury to myself or another or for any other reason approved by my Supervising Officer;
2. in line with the terms and conditions of this Bail Agreement.
 |
|  |  | **Youth only** I must stay at the required address between the hours of [*time*] and [*time*] and I must be at an entrance to that address if asked to by my Supervising Officer or a Police Officer, unless absent: 1. for emergency medical or dental treatment, to avoid or reduce a serious risk of death or injury to myself or another or for any other reason approved by my Supervising Officer;
2. in line with the terms and conditions of this Bail Agreement;
3. in the company of [*name/an adult approved by my Supervising Officer*].
 |
|  |  | While a resident at the Bail Accommodation Support Program (‘BASP’), I must obey all lawful directions of BASP staff. I must not assault, threaten, harass or intimidate any BASP staff or person living there. |
|  |  | **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 Bail Agreement within 2 working days; and
3. the conditions of this Agreement will continue to apply as though the new address were specified in this Bail Agreement.
 |
|  |  | I must not live at [*address(es)*]. |
|  |  | I must not live with [*name(s)*]. |
| **Monitoring** |
|  |  | When I am released from Court, I:1. **default selected** must go straight to [*address*], so I can have an electronic transmitter fitted **following text displayed** **if address is home address rather than Department address** and when I get there, I must contact the Home Detention Unit of the Department [*for Correctional Services/of Human Services*] by telephone on [*1300 796 199/1800 814 914*];
2. **youth only** must remain in custody pending the availability of an electronic monitoring device;
3. must wear the electronic transmitter and obey the Department [*for Correctional Services/of Human Services*] rules of electronic monitoring, including charging the transmitter daily, for the term of this Bail Agreement.
4. must always be contactable by mobile telephone **following words default selected if class 1 or class 2 offence or serious and organised crime suspect selected** [*that does not provide access to the internet*]. I must give my contact details to my Supervising Officer so they can use it to get in touch with me at all times while electronically monitored.
5. must not do any water related sport or activity at any time unless this has been approved beforehand by my Supervising Officer.
6. must answer straight away to any calls or text messages from the Department [*for* *Correctional Services/of Human Services*] on the mobile phone number I have given.
 |
| **Programs**  |
|  |  | I must go to an assessment at [Owenia House/Child and Adolescent Mental Health Service] 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. |
|  |  | **Adult Only** I must 1. 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.
 |
|  |  | 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. |
|  |  | **Adult Only** 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 organized crime suspect** I must not communicate with any person other than [*specify person or class*]. |
|  |  | **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.
 |
| **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*]. Contact is only permitted at a court or tribunal hearing where the defendant is a party to or a witness in the proceeding. If I am under the supervision of a Supervising Officer, contact is permitted if I have permission beforehand from, and comply with the conditions imposed by, 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*]]. If I am under the supervision of a Supervising Officer, I may go or stay within that area if I have permission beforehand from, and comply with the conditions imposed by, my Supervising Officer. |
|  |  | **mandatory if class 1 or class 2 offence unless cogent reasons and no risk to children** 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. |
| **Drugs 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** |
| **Guarantee** |
|  |  | I must give the Court a written guarantee from [*name, address, date of birth*], in terms acceptable to the Court, in the sum of $[*amount*] that they know me and they are confident that I will obey the conditions of this Bail Agreement.  |
|  |  | I must give the Court a written guarantee from a person acceptable to the Court, in terms acceptable to the Court, in the sum of $[*amount*] that they know me and they are confident that I will obey the conditions of this Bail Agreement. |
|  |  | I must obtain security from the Guarantor by depositing cash with the Court in the amount of $[*amount*] to secure payment of a financial penalty by the Guarantor as promised by the Guarantor if I break any terms or conditions of this Bail Agreement. |
| **Youth Aboriginal Community Court Adelaide Conditions** |
|  |  | I must be supervised by a Youth Aboriginal Community Court Adelaide (‘YACCA’) Coordinator for the term of this Bail Agreement and I must obey their lawful directions.  |
|  |  | I must go to an assessment at the Youth Court as directed by my YACCA Coordinator.  |
|  |  | I must go to and complete any YACCA related activities that my YACCA Coordinator reasonably directs.  |

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| **[*Defendant/Youth*]**I agree to this bail agreement. I have been provided with a copy of this Bail Agreement.…………………………………………Signature of [*Defendant/Youth*]…………………………………………Name printed**Witness**………………………………………………Signature of authorised witness**witness must be the Judicial Officer granting bail, 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 Defendant/Youth is in a training centre, the person in charge of a prison if the Defendant/Youth is in a prison, or a delegate of any of these persons or any other person or class of persons specified by the Court**………………………………………….Printed name and title of witness (if not Judicial Officer granting bail) **stamp here if applicable**………………………….Date |