Form 58

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|  | | APPLICATION TO OPPOSE SEIZURE AND SALE OF ASSETS  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Fines Enforcement and Debt Recovery Act 2017*  Section 36(15) | | | | | | | | | | | | | | Court Use  Date Filed:  Date Posted:  Service on CRO: | |
|  | | | | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | | File No | |  | | | | |
| Address |  | | | | | |  | | | | | | |  | | |  |
|  | *Street* | | | | | | *Telephone* | | | | | | | *Facsimile* | | | *DX* |
|  |  | |  | |  | | | | |  | | | | | | | |
|  | *City/Town/Suburb* | | *State* | | *Postcode* | | | | | *Email Address* | | | | | | | |
| **Debtor/Alleged Offender** | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | DOB | | |
| Address |  | | | | | | |  | | | | | | |  | | |
|  | *Street* | | | | | | | *Telephone* | | | | | | | *Facsimile* | | |
|  |  | | |  | |  | | | | |  | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | | |
| **Applicant** | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | DOB | | |
| Address |  | | | | | | |  | | | | | | |  | | |
|  | *Street* | | | | | | | *Telephone* | | | | | | | *Facsimile* | | |
|  |  | | |  | |  | | | | |  | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | | |
| **Property Subject of the Order Sought**  Date on which property was seized:  Please set out the details of the property in question:  *(If the property is a vehicle, please include the registration and plate number. For real property, please include Certificate of Title number and address. If the property is electronics or white goods, please provide serial number.)* | | | | | | | | | | | | | | | | | |
| **Grounds of Application**  I claim:  that the above mentioned property is not liable to seizure and sale; **OR**  an interest in the above mentioned property seized (not being the debtor/alleged offender). | | | | | | | | | | | | | | | | | |
| Provide evidence in support of this application in an affidavit *(set out full details of the nature of the claim)*.  **Please attach the affidavit to this application. If available, please also attach to this application a copy of the Written Determination and the Notice listing the property seized.** | | | | | | | | | | | | | | | | | |
| Date APPLICANT | | | | | | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | | | Date | | | | | |
|  | | Address | | | | | | | | | | Time       am/pm | | | | | |
|  | | Telephone | Facsimile | | | | | | Email Address | | | | | | | | |
| **IMPORTANT NOTICE TO THE REGISTRAR**  A copy of this application, affidavit and if available Written Determination and Notice must be served on the Chief Recovery Officer **within one working day**.  A copy must also be served on the debtor/alleged offender (if the debtor/alleged offender is not the applicant). | | | | | | | | | | | | | | | | | |
| **IMPORTANT NOTICE TO APPLICANT AND/OR DEBTOR/ALLEGED OFFENDER**  If you wish to be heard on this application, you should attend court at the date and time stated above otherwise the court may hear and determine the matter in your absence. | | | | | | | | | | | | | | | | | |

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| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Service on the debtor/alleged offender *(if applicable)* |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| Method of service (tick box)  Email;  Telephone;  Writing. |
| I certify that I served a copy of the application and affidavit in support in the manner herein specified. |
| Certified this       day of       20 |