Form 60

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | APPLICATION TO RELEASE A SEIZED AND CLAMPED OR IMPOUNDED VEHICLE  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Fines Enforcement and Debt Recovery Act 2017*  Section 42(6) | | | | | | | | | | | | | | | | | | | Court Use  Date Filed:  Date Posted:  Service on CRO: | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Registry | |  | | | | | | | | | | | | | | File No | |  | | | | | |
| Address | |  | | | | | | | | | |  | | | | | | | |  | | |  |
|  | | *Street* | | | | | | | | | | *Telephone* | | | | | | | | *Facsimile* | | | *DX* |
|  | |  | | | | |  | |  | | | | | |  | | | | | | | | |
|  | | *City/Town/Suburb* | | | | | *State* | | *Postcode* | | | | | | *Email Address* | | | | | | | | |
| **Applicant** | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | DOB | | |
| Address | |  | | | | | | | | | | |  | | | | | | | |  | | |
|  | | *Street* | | | | | | | | | | | *Telephone* | | | | | | | | *Facsimile* | | |
|  | |  | | | | | |  | | |  | | | | |  | | | | | | | |
|  | | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | | | | *Email Address* | | | | | | | |
| **Debtor/Alleged Offender** | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | DOB | | |
| Address | |  | | | | | | | | | | |  | | | | | | | |  | | |
|  | | *Street* | | | | | | | | | | | *Telephone* | | | | | | | | *Facsimile* | | |
|  | |  | | | | | |  | | |  | | | | |  | | | | | | | |
|  | | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | | | | *Email Address* | | | | | | | |
| **Interested Party** (If more than one party please attach further particulars) | | | | | | | | | | | | | | | | | | | | | | | |
| I advise the court that at the time of making this application, the following person has an interest in this vehicle. | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | |  | | | | | | | |  | | |
|  | | *Street* | | | | | | | | | | | *Telephone* | | | | | | | | *Facsimile* | | |
|  | |  | | | | | |  | | |  | | | | |  | | | | | | | |
|  | | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | | | | *Email Address* | | | | | | | |
| Nature of interest | | | |  | | | | | | | | | | | | | | | | | | | |
| **Registered Owner** | | | | | | | | | | | | | | | | | | | | | | | |
| I advise the court that at the time of making this application, the following person is the registered owner of this vehicle. | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | |  | | | | | | | |  | | |
|  | | *Street* | | | | | | | | | | | *Telephone* | | | | | | | | *Facsimile* | | |
|  | |  | | | | | |  | | |  | | | | |  | | | | | | | |
|  | | *City/Town/Suburb* | | | | | | *State* | | | *Postcode* | | | | | *Email Address* | | | | | | | |
| **Description of Vehicle** | | | | | | | | | | | | | | | | | | | | | | | |
| Make |  | | | | | | | | | Model | | | |  | | | | | | | | | |
| Year of Manufacture | | | | | |  | | | | Registration No. | | | | | | |  | | | | | | |
| Engine No. | |  | | | | | | | | Vehicle Identification No. | | | | | | | | |  | | | | |
| Garaging address | | | | |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grounds of Application**  I claim an interest in the above mentioned vehicle that has been seized and clamped or impounded.  I make an application for release of the above mentioned vehicle.  Please attach to this application the Written Determination of the Chief Recovery Officer to clamp or impound and any Notice of Disposal. | | | | |
| Provide evidence of your interest in the vehicle and the grounds for release in an affidavit.  **Please attach the affidavit to this application.**    Date APPLICANT | | | | |
| **Hearing details** | Registry | | | Date |
| Address | | | Time       am/pm |
| Telephone | Facsimile | Email Address | |
| **IMPORTANT NOTICE TO THE REGISTRAR**  A copy of this application and affidavit must be served on the Chief Recovery Officer within **one working day**.  A copy must also be served on the debtor/alleged offender, interested party and registered owner. | | | | |
| **IMPORTANT NOTICE TO ALL PARTIES**  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. | | | | |
| **IMPORTANT NOTICE TO THE CHIEF RECOVERY OFFICER**  The Chief Recovery Officer is required to notify the Registrar of any interested parties not already on the application. | | | | |

|  |
| --- |
| **Proof of Service** (fill in where required) |
| Name of person serving: |
| Address of person serving: |
| Service on the debtor/alleged offender |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| Service of application effected:  personally  post  email |
| Service on the registered owner of the vehicle (if applicable) |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| Service of application effected:  personally  post  email |
| Service on the interested party (if applicable) |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm |
| Service of application effected:  personally  post  email |
| I certify that I served a copy of the application and affidavit in support in the manner herein specified. |
| Certified this       day of       20 |