	APPLICATION TO RELEASE A SEIZED AND CLAMPED OR IMPOUNDED VEHICLE Magistrates Court of South Australia www.courts.sa.gov.au Fines Enforcement and Debt Recovery Act 2017 Section 42(6)					ID	Court Use Date Filed: Date Posted: Service on CRO:					
Registry						File	No					
Address	Street		Telephone			Facsii	Facsimile DX					
Address	City/Town/Sul	Posi	Postcode Email Address									
Applicant												
Full Name									DOB			
Address	Street				Telej			hone		Facsimile		
					Pootoodo Emoil Adu			il Address				
City/Town/Suburb State Postcode Email Address   Debtor/Alleged Offender												
Full Name											DOB	
Address	Street					Telephone				Facsimile		
Address	City/Town/Suburb State					Postcode	ode Email Address					
Interested P		e than one party please attac	:h fu		lars)			2				
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 inter												
Registered Owner												
I advise the co	ourt that at t	he time of making this	app	olication, t	he f	ollowing	perso	on is	the regist	ered o	owner of this	vehicle.
Full Name												
Address	Street					Telephone				Facsimile		
	City/Town/Suburb S			State		Postcode	Email Address					
Description	of Vehicle	•										
Make					M	Model						
Year of Manufacture				Re	Registration No.							
Engine No.	o. Vehicle Identification No.											
Garaging addr	ess											

## **Grounds of Application**

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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.** 

	Bate				
Hearing details	Registry	Date			
	Address		Time	am/pm	
	Telephone	Facsimile	Email Add	dress	

## IMPORTANT NOTICE TO THE REGISTRAR

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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 effect	ted: 🗌 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 effect	ted: 🗌 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 effect	ted: 🗌 personally 🗌 post	🗌 email				
I certify that I served a copy of the application and affidavit in support in the manner herein specified.						
Certified this d	ay of 20					