Form 49

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| APPLICATION TO REVIEW A DECISION OF THE LIQUOR AND GAMBLING COMMISSIONER**Magistrates Court of South Australia (Civil Division)**[www.courts.sa.gov.au](http://www.courts.sa.gov.au)*Problem Gambling Family Protection Orders Act 2004*Section 16 | Court UseDate Filed: |
|  |
| Trial Court |       | Action No |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| **Applicant** |
| Full Name |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Solicitor (if any) |       |
| **Respondent** |
| Full Name |       | Complainant’s Reference |       |
| Address |       |       |       |       |
|  | *Street* | *Telephone* | *Facsimile* | *DX* |
|  |       |       |       |       |
|  | *City/Town/Suburb* | *State* | *Postcode* | *Email Address* |
| Solicitor (if any) |       |
| I am dissatisfied with a decision of the Liquor and Gambling Commissioner and seek a review pursuant to s 16 of the Act.**Particulars of Commissioner’s decision**Date of decision:      Details:      |
| **Order Sought**Please state the reason for your application:      |
|   Date APPLICANT |
| **Hearing details**  | Registry       | Date       |
|  | Address       | Time       am/pm |
|  | Telephone       | Facsimile       | Email Address       |
| I certify that I have served a copy of the Application on the Liquor and Gambling Commissioner.  Date REGISTRAR  |