**ORIGINATING APPLICATION - LICENCE DISQUALIFICATION OR SUSPENSION (LIFT OR REDUCE)**

**Road Traffic Act 1961 s 45E OR 47IAB**

*MAGISTRATES / YOUTH* **circle one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

CASE NO: ……………………

**……………………………………………………………………………………………………………Full name**

**Applicant**

**COMMISSIONER OF POLICE**

**Respondent**

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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Responsible Solicitor** | |
| Address for service |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
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| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. home; work; mobile) - Number** | | | **Another number (optional)** | |

**Only complete if applicable otherwise mark as N/A**

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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Responsible Solicitor** | |
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| Phone Details |  | | |  | |
| **Type (eg. home; work; mobile) - Number** | | | **Another number (optional)** | |

**Only complete if applicable otherwise mark as N/A**

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| Applicant |  | | | | |
| **Full Name** | | | | |
| Name of law firm/solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Responsible Solicitor** | |
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| **Street Address (including unit or level number and name of property if required)** | | | | |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. home; work; mobile) - Number** | | | **Another number (optional)** | |

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| Respondent | Commissioner of Police | | | | |
| **Full Name** | | | | |
| Address |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
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| **City/town/suburb** | **State** | **Postcode** | | **Country** |
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| **Email address** | | | | |
| Phone Details |  | | |  | |
| **Type (eg. Home; work; mobile) – Number** | | | **Another number (optional)** | |

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter type: *……………………………………………………..*  This Application is to lift / reduce **circle one** the immediate disqualification / suspension **circle one** of the Applicant’s licence under the Notice identified below.  This Application is made under section 45E / 47IAB**circle one** of the Road Traffic Act 1961*.*  **[YOUTH]** In the case of a youth, this application is made under section 28(2) of the Young Offenders Act 1993.  The Applicant seeks the following orders:  **Orders sought in addition to, or in place of, the orders made in separate numbered paragraphs**  [ ] 1. The Applicant is not disqualified / Applicant’s driver’s licence is not suspended**circle one**, as there is a reasonable prospect that the Applicant would be acquitted of the offence.  [ ] 2. The disqualification / suspension **circle one** be reduced, as the offence is a first offence and was trifling.  [ ] 3. The disqualification / suspension **circle one** be reduced, as there is a reasonable prospect that the Applicant would be acquitted of a Category 3 offence, but may be guilty of a Category 2 offence.  [ ] 4. The Applicant is not disqualified / Applicant’s driver’s licence is not suspended **circle one**, as the Applicant has not been charged with any offence to which s 45D applies and the prosecution authorities have had a reasonable time in the circumstances to make a determination as to the laying of charges.  [ ] 5. ………………………………………………………………………………………………………………**other**  This Application is made on the grounds:  **grounds in separately numbered paragraphs**  [ ] 1. The blood test taken on …………………….**time**on the day of …………………………**date**with the result of …………**percentage**  [ ] 2. The opinion of Doctor ……………………………………… **full name** on the day of ………………… **date**  [ ] 3. The Applicant has not received an Information charging them with any offence which relates to the Notice of Disqualification / Suspension **Circle one**  [ ] 4. The Applicant has not received a notice from the Registrar of Motor Vehicles containing particulars of licence disqualification/suspension.  [ ] 5. ……………………………………………………………………………………………………………….**other**  **If applicable**  The Application is urgent because  **grounds in separately numbered paragraphs where more than one**   1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….   **Particulars of Notice of *Disqualification / Suspension***   |  |  | | --- | --- | | Date of Notice | ………………………… | | **date** | | Date of the commencement of the Notice | …………………………. | | **date** | | Disqualification Notice number | ………………. | | **number** | | Brief number | ………………. | | **number** |   The Applicant has / has not **Circle one**also received a Notice from the Registrar of Motor Vehicles containing particulars of the licence disqualification / suspension **Circle one**  **if applicable**  **Hearing**  The Applicant requests that the Hearing be by written submissions only, because  **reasons in separate numbered paragraphs**   1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **To the Other Parties: WARNING**  This Application will be considered at the hearing at the date and time set out at the top of this document.  If you wish to oppose the Application or make submissions about it:   * you must attend the hearing; and * if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders, you must file and serve on all parties an Affidavit within 14 days after service of the Application.   If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding without further warning.  For instructions on how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482.  **To the Applicant: WARNING**  If you drive whilst being [*disqualified/suspended*] you may be [*imprisoned/detained*] pursuant to section 91(5) of the *Motor Vehicles Act* 1959. |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying this Application is a:  [ ] Multilingual Notice **mandatory**  [ ] Supporting Affidavit **mandatory**  [ ] Copy of the original Decision that is the subject of this Review **mandatory unless already exhibited to Affidavit**  [ ] Copy of Notice pursuant to section 471IAA of the *Road Traffic Act* 1961**mandatory**  [ ] Copy of blood test results **mandatory if blood test selected above**  [ ] Opinion of doctor **mandatory if opinion of doctor selected above**  [ ] If other additional document(s) please list below:  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |