**ORIGINATING APPLICATION - LICENCE DISQUALIFICATION OR SUSPENSION (REMOVE)**

**Criminal Law Consolidation Act s 19AE or 19AF**

SUPREME / DISTRICT / MAGISTRATES / YOUTH **Circle one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

CASE NO: ………………

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

**Applicant**

**State of South Australia**

**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)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Phone Details |  |  |
| Date of Birth and Licence No  |   |  |
| **Date of birth** | **Driver’s Licence No (and State or Territory)** |

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

|  |  |
| --- | --- |
| Applicant |  |
| **Full Name**  |
| Name of law firm/solicitor**If any** | State of South Australia |  |
| **Law Firm** | **Responsible Solicitor** |
| Address for service |  |
| **Street Address (including unit or level number and name of property if required)** |
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|  |
| **Email address** |
| Phone Details |  |  |
| Date of Birth and Licence No  |   |  |
| **Date of birth** | **Driver’s Licence No (and State or Territory)** |

**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** |
| Address for service |  |
| **Street Address (including unit or level number and name of property if required)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **Email address** |
| Phone Details |  |  |
| Date of Birth and Licence No  |   |  |
| **Date of birth** | **Driver’s Licence No (and State or Territory)** |

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| --- | --- |
| Respondent |  |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** |
| Address |  |
| **Street Address (including unit or level number and name of property if required)** |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  |
| **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[ ] remove the disqualification of the applicant from holding or obtaining a driver's licence.[ ] end the suspension of the applicant 's driver's licence.This Application is made under section 19AE(6) / 19AF(6)**Circle one** of the Criminal Law Consolidation Act 1935*.***Orders sought**[ ] 1. That the disqualification of the applicant from holding or obtaining a driver's licence be removed .[ ] 2. That the suspension of the applicant 's driver's licence end.[ ] 3. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………**other**This Application is made on the grounds that:1. exceptional circumstances exist in relation to the Applicant / alleged offence such that it is, in all the circumstances, appropriate that an order be made; and2. the Applicant does not pose a substantial risk to other members of the public if an order is made, as set out in detail in the accompanying Affidavit sworn by ………………………..**name** on ……………………**date****If applicable** The Application is urgent because **grounds in separately numbered paragraphs where more than one**1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Particulars of Notice of Disqualification/Suspension**

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| --- | --- |
| Date of Notice | …………………………. |
| **date** |
| Date of commencement of 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 within14 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 file a response to an application and 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 or suspended you may be imprisoned or 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:[ ] Supporting Affidavit **mandatory** [ ] A copy of the Notice of Disqualification **mandatory unless exhibited to Affidavit**[ ] If other additional document(s) please list below:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |