To be inserted by Court

Case Number:

Date Filed:					
FDN:					
Handa Bota and Time					
Hearing Date and Time:					
Hearing Location:					
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:					
Applicant					
	Full Name		T		
Name of law firm/solicitor					
-	Law Firm		Responsible Solicitor		
Address for service					
	Street Address (including unit or I	evel number and name of proper	ty if required)		
	City/town/suburb	State	Postcode	Country	
Phone Details	Email address				
Date of Birth and					
Licence No	Date of hint		Dubraula Liagues No. /a 100 /	with w.	
	Date of birth		Driver's Licence No (and State or Te	rritory)	

Only complete if applicable otherwise mark a	s N/A				
Applicant					
	Follows				
Name of law firm/solicitor	State of South Australia				
If any	State of Court / tustiana				
	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 Te	rritory)	
Only complete if applicable otherwise mark a	e N/Δ				
Applicant	J WA				
Name of law firm/solicitor	Full Name		1		
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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Phone Details					
Date of Birth and					
Licence No					
Licence No	Date of birth		Driver's Licence No (and State or Te	rritory)	
Respondent					
rtospondont					
	Full Name (including Also Known	as, capacity (eg Administrator, L	iquidator, Trustee) and Litigation Guard	dian Name (if applicable))	
Address					
	Street Address (including unit or	level number and name of proper	ty if required)		
	, ,				
	City/town/suburb	State	Postcode	Country	
	Email address		1		
Phone Details					
	Type (eg. Home; work; mobile) – Number		Another number (optional)		
	Type (eg. Home, work, mobile) – Number		Anomer number (opnondi)		

Ap Mark	plication Details appropriate sections below with an 'x'
Ma	tter type:
Thi	s 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.
Thi	s Application is made under section 19AE(6) / 19AF(6) <sub>Circle one</sub> of the Criminal Law Consolidation Act 1935.
Ord [	ders 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
Thi	s 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; and
2.	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
The	olicable e Application is urgent because nds in separately numbered paragraphs where more than one
1.	

Particulars of Notice of Disqualification/Suspension				
Date of Notice				
	date			
Date of commencement of Notice				
	date			
Disqualification Notice number				
	number			
Brief number				
	number			
The Applicant has / has not $_{ m Circle\ one}$ also rece of the licence disqualification / suspension $_{ m C}$	eived a Notice from the Registrar of Motor Vehicles containing particulars			
if applicable  Hearing  The Applicant requests that the Hearing be by written submissions only, because reasons in separate numbered paragraphs				
1				

## 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.

## Service

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

## Form 1Rh

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:				