**ORIGINATING APPLICATION FOR REVIEW - FINES ENFORCEMENT ACT - ENFORCEMENT DETERMINATION REFUSAL TO REVOKE**

[*MAGISTRATES/YOUTH*]COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

**Duplicate panel if multiple Applicants**

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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 |  |  |
| **Type (eg. home; work; mobile) – Number**  | **Another number (optional)** |

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| First Respondent Chief Recovery Officer | Chief Recovery Officer |
| **Full Name** |
| 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)** |

|  |  |
| --- | --- |
| Second Respondent Issuing Authority |  |
| **Full Name**  |
| 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**Matter type:[*Enter matter type*]This Application is for Review of the Decision to refuse to revoke an Enforcement Determination.This Application is made under section 23 of the *Fines Enforcement and Debt Recovery Act* 2017*.***Decision subject of Application**

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| Date of Decision  | [*Date*] |
| **Date** |
| Date notice of decision received | [*Date*] |
| **Date** |
| Tribunal/Agency/Decision Maker being reviewed | Chief Recovery Officer |
|  |
| Reference number of Tribunal/Agency/Decision Maker **if known**  | [*Enter number*] |
| **Number** |
| Orders challenged | [*Enter the orders challenged*] |
| **The Decision to refuse to revoke the Enforcement Determination as specified below** |

Orders challenged **Enter only the orders sought to be reviewed in separate numbered paragraphs**Grounds of Review **Enter grounds of Review in separate numbered paragraphs*** as set out in the accompanying Affidavit sworn by [ *full* *name*] on [*date*].
* 1. The Applicant did not have a reasonable opportunity to elect, under section 8 of the *Expiation of Offences Act* 1996,to be prosecuted for any offence to which the original Expiation Notice relates (other than because the Applicant did not receive an Expiation Notice or Expiation Reminder Notice under the *Expiation of Offences Act* 1996).
* 2. The Applicant did not have a reasonable opportunity to apply for Review of the Expiation Notice to which the Determination relates, under section 8A of the *Expiation of Offences* 1996(other than because the Applicant did not receive an Expiation Notice or Expiation Reminder Notice under the *Expiation of Offences Act* 1996).

**Orders sought****Enter orders sought in addition to, or in place of, the orders made in separate numbered paragraphs**1. The Decision of the Chief Recovery Officer to refuse to revoke an Enforcement Determination be reversed.

This Application is made on the grounds * set out in the accompanying Affidavit sworn by [ *full* *name*] on [*date*].
* that

**Enter grounds in separately numbered paragraphs*****If applicable*** The Application is urgent because **grounds in separately numbered paragraphs where more than one****Only complete if applicable otherwise delete** **Extension of time**The Applicant seeks an extension of time to institute this action pursuant to section 23(2) of the *Fines Enforcement and Debt Recovery Act* 2017The grounds for seeking an extension are set out in the accompanying Affidavit.**Only complete if applicable otherwise delete****Hearing** The Applicant requests that the Hearing be by written submissions only, because: **Enter reasons in separate numbered paragraphs** |

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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
* you **must** file and serve on all parties a Response within 14 days after service of the Application
* 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.  |

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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**Accompanying this Application is a:* Supporting Affidavit **mandatory**
* A copy of the original Decision that is the subject of this Review **mandatory unless already exhibited to Affidavit**
* **if applicable** Copy of Enforcement Determination
* **if applicable** Application to the Chief Recovery Officer for revocation of the Enforcement Determination
* **if applicable** Decision of the Chief Recovery Officer refusing the Application
* **if applicable** Expiation Notice
* If other additional document(s) please list below:
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