

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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<p>Hearing Date and Time:</p> <p>Hearing Location:</p>
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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

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)

Only complete if applicable otherwise mark as N/A

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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)	

<p>Application Details Mark appropriate sections below with an 'x'</p> <p>Matter type:</p> <p>This Application is for Review of the Decision to refuse to revoke an Enforcement Determination.</p> <p>This Application is made under section 23 of the <i>Fines Enforcement and Debt Recovery Act 2017</i>.</p>
