To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
Hearing Date and Time:				
Hearing Location:				
ORIGINATING AI ENFORC MAGISTRATES/YOUTH CO SPECIAL STATUTORY JUR	EMENT DETERION	MINATION REI	INES ENFORCEN	
Applicant			Full nam	
Applicant				
Name of law firm/solicitor	Full Name Law Firm		Responsible Solicitor	
Address for service	Street Address (including unit or I	evel number and name of proper		
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
	Type (eg. home; work; mobile) – N	lumber	Another number (optional)	
Only complete if applicable otherwise mark a Applicant	as N/A			
Name of law firm/solicitor	Full Name			
If any	Law Firm		Responsible Solicitor	
Address for service	Street Address (including unit or I	evel number and name of proper	ty if required)	
	Citu/town/subumb	State	Postcodo	Country
	City/town/suburb	State	Postcode	Country

Form 6Ah

	Email address			
Phone Details				
	Type (eg. home; work; mo	bile) – Number	Another number (optiona	ul)
Only complete if applicable otherwise mark	as N/A			
Applicant				
	Full Name			
Name of law firm/solicitor				
•	Law Firm		Responsible Solicitor	
Address for service				
	Street Address (including	unit or level number and na	ne of property if required)	
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
Thomas details				
	Type (eg. home; work; mo	bile) – Number	Another number (optiona	
First Respondent Chief	Chief Recovery C	Officer		
Recovery Officer		J.111001		
Address	Full Name			
	Otera t Address of the deather		or of many onto 16 months of	
	Street Address (including	unit or level number and na	ne of property if required)	
	City/town/suburb	State	Postcode	Country
	Okyrownrouburb	Ciato	1 obtober	Jounny
	Email address			
Phone Details				
	Type (eg. home; work; mo	bile) – Number	Another number (optiona	il)
Second Respondent				
Issuing Authority	Full Name			
Address				
	Street Address (including	unit or level number and na	ne of property if required)	
	City/town/suburb	State	Postcode	Country
Phone Details	Email address			
Filone Details				
	Type (eg. home; work; mo	bile) – Number	Another number (optional	ıl)
Application Details				
Mark appropriate sections below with an Matter type:				
This Application is for Revi				nation
This Application is for Revi	CM OF THE DECISION	to reluse to revoke	an Emoroement Determin	nauOn.
This Application is made u	nder section 23 of th	ne Fines Enforcen	ent and Debt Recovery A	ct 2017.

Decision subject of Application			
Date of Decision			
Date notice of decision received	Date		
Tribunal/Agency/Decision Maker	Date		
being reviewed	Chief Recovery Officer		
Reference number of Tribunal/Agency/Decision Maker	Number		
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 n	umbered paragraphs		

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Gro	und	s of Review
Enter	grour	nds of Review in separate numbered paragraphs
l -]	set out in the accompanying Affidavit sworn by
L	J	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).
Orc Enter	order	sought s sought in addition to, or in place of, the orders made in separate numbered paragraphs The Decision of the Chief Recovery Officer to refuse to revoke an Enforcement Determination be reversed.
	2.	

[] [] E	plication is made on the grounds set out in the accompanying Affidavit sworn by
1.	
If applicable The Ap	plication is urgent because separately numbered paragraphs where more than one
J M. 40 III	

Only complete if applicable otherwise mark as N/A Extension of time The Applicant seeks an extension of time to institute this action pursuant to section 23(2) of the <i>Fines Enforcement</i>
and Debt Recovery Act 2017 The grounds for eacking an extension are set out in the assemble wing Affide vit
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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.
Service
The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.
Accompanying Decuments
Accompanying Documents Mark appropriate sections below with an 'x'
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 Decision of the Chief Recovery Officer refusing the Application
[] if applicable Expiation Notice
[] If other additional document(s) please list below: