

<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 – PROBLEM GAMBLING FAMILY PROTECTION ORDER OR DECISION

MAGISTRATES 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)

Form 6Bh

Only complete if applicable otherwise mark as N/A

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	Email address		
Phone Details	Type (eg. home; work; mobile) – Number		Another number (optional)

Leave blank if singular Respondent

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	Country		
	Email address		
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Interested Party	Liquor and Gambling Commissioner		
	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)

Application Details

Mark appropriate sections below with an 'x'

Matter type:

This Application is for review of the Decision identified below that

.....

.....

..... Enter summary of Decision in one sentence

This Application is made under section 16 of the *Problem Gambling Family Protection Orders Act 2004*.

Decision subject of Application

Date of Decision

date

Date Notice of Decision received

date

Tribunal/Agency/Decision Maker being reviewed Liquor and Gambling Commissioner

Name of individual Decision Maker if known

decision maker's name

Reference number of Tribunal/Agency/Decision Maker if known

number

