**ORIGINATING APPLICATION**

[*SUPREME/DISTRICT/MAGISTRATES*] **Delete all but one** COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

[*MINOR CIVIL*] **If applicable**

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.**

**Chief Recovery Officer**

Applicant

Respondent

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| Applicant | Chief Recovery Officer | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| Name of law firm / solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Solicitor** | |
| 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 - Number** | | | | |

**Duplicate panel if multiple Applicants**

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| Debtor |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | |
| 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 - Number** | | | |

**Duplicate panel if multiple Debtors**

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| **Application Details**  Matter Type:  This Application is for issue of an Examination Summons for $[*amount owing*] in respect of an enforcement notice calculated as shown below.  This Application is made under section 61(7) of the Fines Enforcement Debt Recovery Act 2017.  The Applicant seeks the following orders:  **Orders sought in separately numbered paragraphs. If there is a monetary sum state the amount being claimed.**  1.  Date of civil debt determination:  Date of relevant enforcement notice:  Amount of Debt $  Amount paid since civil debt determination $  Costs incurred by the Chief Recovery Officer $  Interest since civil debt determination $  TOTAL OWING $  This Application is made on the grounds set out in the accompanying affidavit sworn  by [*full name*] on the day of 20 . |

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| **Service**  The Applicant is not required to serve a copy of this application on the Respondent. If the Court issues an examination summons, the examination summons will be required to be served on the Respondent. |