

Magistrates Court (Administrative Appeals Division) Act 2001

 Application No:

APPLICANT’S PARTICULARS

Name:

Address:

Phone: Email:

RESPONDENT’S PARTICULARS (this is the person that made the decision)

Name:

Address:

Organisation:

Phone: Email:

APPLICATION FOR: (Tick the correct box)

❑ Review (Appeal) of reviewable decision [s17 of the Act]

❑ Made request for reasons within reasonable time [s15(2) of the Act]

❑ Not received reasons within time specified [s16(1) of the Act]

❑ Inadequate statement of reasons received [s16(2) of the Act]

❑ Entitled to reasons for decision [s15(1) of the Act]

❑ Extension of time to apply for review of decision [s20 of the Act]

❑ Application to stay effect of decision [s23(3) of the Act]

❑ Other:

RELEVANT ENACTMENT: (The section and the Act that allows you to make the appeal)

REASONS FOR APPLICATION: (If not enough room please attach extra page)

DOCUMENT IN SUPPORT:

Please attach copy of the letter / notice (if any) received from Respondent in relation to the reviewable decision under the relevant enactment, to which this application will refer.

Dated: Signed: