

# Application to the Local Court

Section 45 Local Court Act 2007

Part 4 Local Court Rules 2009

## Notice of Listing [Leave this section blank](#)

Place:

Time and Date:

## Applicant Details

Name: [Write your name](#)

Address: [Write your address](#)

Postal Address: [Write your postal address, if different to your residential address](#)

Lawyers Name & Address: [Leave blank](#)

## Respondent Details

Name: [Write who gave you the fine](#)

Address: [Write the respondent's address](#)

Fax: [Write the respondent's fax number](#)

## Additional Parties [Leave this section blank](#)

Name:

Address:

Connection to proceedings (e.g. Owner of goods):

## Statement of Service [Leave this section blank](#)

I (name) of (occupation) did serve a copy of this application on  
(name(s) on (date) by (tick one):

- delivering a copy personally to the person
- giving a copy to (name), an adult person at the address of the respondent.
- sending a copy by registered mail to the respondent's address at:
- sending a copy by facsimile to the respondent's address at: (only available where respondent is a Government Department and fax number provided). Advice confirming successful transmission of the document was received by me on (date):

Signature:

Name:

Witness Signature:

Name:

# Application to the Local Court

Act and Section under which application lodged: Crimes (Local Courts Appeal and Review) Act 2001, s4

**Order/s Sought:** That the following order made by the Local Court be annulled

Parties: [Write the name of the parties in your case](#)

Date of order: [Write the date of the Court order](#)

Place of order: [Write the name of the Court](#)

Type of case or offences: [Write the type of case](#)

**Grounds for Application** (please choose from below or provide your own grounds): [Tick the boxes that apply in your circumstances](#)

- That the order made by the court was made in my absence.
- That I was unaware of the original Local Court proceeding until after they were completed.
- I was hindered from attending due to accident, illness, misadventure or other circumstances: [Explain why](#)
- It is in the interests of justice to annul the order having regard to the following circumstances: [Explain why](#)

## Other relevant Information

Original case details: [Leave blank](#)

Charge and sequence number: [Write the H number](#)

Defendant's date of birth: [Write your date of birth](#)

**Signature of Applicant:** [Sign here](#)

(Signature not required if applicant is a police officer or public officer)

**Signature of Registrar:** [Leave blank](#)

(Signature not required if applicant is a police officer or public officer)

Application filed at: [Leave blank](#)

Date of filing application: [Leave blank](#)

[Leave this section blank](#)

**Court Registry Use Only**

**Date Court Attendance Notice Filed:**

**Place of Filing:**

**(If different from place of first listing):**

**Court Reference Number:**

**Fees (circle): Paid / Waived / Remitted / Exempt**

**Payment Stamp**