

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 the applicant or prosecutors name](#)

Address: [Write the applicant or prosecutors address](#)

Fax: [Write the applicant or prosecutors fax number, if they have one](#)

Additional Parties [Leave this section blank](#)

Name:

Address:

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

Statement of Service

I (name) [Write your name](#) of (occupation) [Write your occupation](#) did serve a copy of this application on (name(s)) [Write the name of the person served with this form](#) on (date) [Write the date](#) by (tick one): [Tick the box to show how the person was served](#)

- delivering a copy personally to the person
- giving a copy to (name) [Write the name of the person served with this form](#), an adult person at the address of the respondent.
- sending a copy by registered mail to the respondent's address at: [Write the address](#)
- sending a copy by facsimile to the respondent's address at: [Write the fax number](#) (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): [Write the date](#)

Signature: [Sign here](#)

Name: [Write your name](#)

Witness Signature: [Sign here](#)

Name: [Write your 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: [Write your case number](#)

Charge and sequence number: [Leave blank](#)

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)

[Leave this section blank](#)

Signature of Registrar:

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

Application filed at:

Date of filing application:

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