

Application for Internal Review (Infringement Only)

- You must complete ALL sections below to have your infringement reviewed.
- Only one Internal Review may be submitted per Infringement Notice*.

APPLICANT DETAILS

Who is applying (confirm who is making the application)

<input checked="" type="checkbox"/> Person named on Infringement Notice	<input checked="" type="checkbox"/> Authorised company representative	<input checked="" type="checkbox"/> Other person with consent You must also complete consent for review section on page 2.	<input checked="" type="checkbox"/> Infringement was issued to the vehicle windscreen I was the driver of the vehicle on the date and time of offence and would like to nominate myself as the driver.
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Your personal details

Surname / Company Name

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First Name / Company ABN

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Postal address of person / Company

State

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Post Code

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Email

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Telephone number

BH	Area Code																					

M

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INFRINGEMENT DETAILS

Infringement number	Infringement Type	<input checked="" type="checkbox"/> Parking	<input checked="" type="checkbox"/> Animals	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning																							
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Building	<input checked="" type="checkbox"/> Local Law	

GROUNDS FOR APPLICATION

Descriptions are located on reverse side of this page

<input checked="" type="checkbox"/> Exceptional Circumstances See description 1	<input checked="" type="checkbox"/> Contrary to Law See description 2	<input checked="" type="checkbox"/> Special Circumstances See description 3
<input checked="" type="checkbox"/> Person Unaware of Fine See description 5	<input checked="" type="checkbox"/> Mistaken Identity See description 4	<input checked="" type="checkbox"/> Penalty Reminder Notice Fee/ Prescribed Costs Waiver Request (Original penalty remains applicable) See description 6

DECLARATION

I have attached an explanation of my circumstances and ground(s) in support of my application, including any required supporting documentation.

I understand that this is the only* Internal Review for this Infringement that I am able to submit pursuant to s.22 (2) of the *Infringements Act 2006*.

I declare that the information that I have supplied in this form, and any attachments to this form, are true and correct to the best of my knowledge.

I understand that by making a false or misleading statement in support of this claim, I may be prosecuted.

Signature of applicant

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Date

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Send completed forms together with supporting evidence to: **Wellington Shire Council, PO Box 506, Sale Vic 3850**

*unless applying when an internal review has been granted on the ground of Person Unaware of Fine.

DESCRIPTION OF RELEVANT GROUNDS FOR REVIEW

- 1 Exceptional Circumstances**
Please provide details of the exceptional circumstances (where you have committed the offence due to unforeseen or unpreventable circumstances, e.g. medical emergencies).
- 2 Contrary to Law**
Please provide the reasons why you consider the decision to issue you with an Infringement was unlawful (e.g. the Infringement was not valid).
- 3 Special Circumstances**
Special circumstances includes:
 - a mental or intellectual disability, disorder, disease or illness
 - a serious addiction to drugs, alcohol or volatile substance
 - homelessness, or
 - family violence within the meaning of the Family Violence Protection Act 2008.

You must provide evidence (e.g. letter, report, statement) from one of the following parties to support you application.

 - a case worker, case manager or social worker
 - a general practitioner, psychiatrist or psychologist, or
 - an accredited drug treatment agency.

Evidence (e.g. letter, statement or a report) from practitioner or case work should include the following information:

 - the practitioner/case worker's qualification and relationship with you, including the period of engagement
 - the nature, severity and duration of your condition or your circumstances:
 - a) whether you were suffering from the relevant condition or circumstances at the time the offence was committed, and
 - b) whether, in the opinion of the practitioner/case worker, it is more likely than not that your condition/ circumstances resulted in your inability to understand or control the conduct constituting the offence.

The practitioner or agency report must show that because of your condition/situation you could not understand or control constituting the offence.
- 4 Mistaken Identity**
Please provide an explanation of why you rely on the ground of mistake of identity (including evidence e.g. copy of your driver's licence, in support).
- 5 Person Unaware of Fine**
An application made on the ground of 'person unaware' must:
 - be made within 14 days of you becoming aware of the infringement notice (You may evidence the date that you became aware of the infringement notice by executing a statutory declaration)
 - state the grounds on which the decision should be reviewed, and
 - provide your current address for service.
- 6 Penalty Reminder Notice Fee/Prescribed Costs Waiver Request**
Please provide the reason(s) why you believe the Penalty Reminder Notice Fee/Prescribed Costs should be waived.
Note: The original penalty amount is still applicable under this request.

Applicants please note:

If you do not provide sufficient information, the enforcement agency may request further information. If you do not provide this further information within 28 days of the date of request, the enforcement agency may determine the application without further information.

CONSENT FOR INTERNAL REVIEW

To be completed if another person is acting on your behalf.

I (person named on the infringement) _____

Of (address of person named on infringement notice) _____

give my consent to (name of person making application on your behalf) _____

to apply for an Internal Review on my behalf for Infringement Number _____

Signature of person named on the infringement

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Signature of person with consent

Date

D	D	/	M	M	/	Y	Y	Y	Y
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