**Local Laws**

**Application for Infringement Internal Review**

All internal reviews are reviewed against the Internal Review Guidelines, Policy and Strategy, Infringement Management and Enforcement Services Version 1.0 – Victorian State Government, Justice and Regulation

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Details** | | | | | | |
| Who is applying | Person named or in receipt of the infringement notice  Other person with consent (you must also complete the consent for internal review on the reverse of the page)  Authorised company representative | | | | | |
| Surname |  | | | | | |
| Given Name/s |  | | | | Title (Mr/Mrs/Ms) |  |
| Postal Address |  | | | | | |
| Town |  | | State | | Postcode |  |
| Daytime Contact Number |  | | | | | |
| Email |  | | | | | |
| **Infringement Details** | | | | | | |
| Parking Infringement Notice Animal Infringement Notice Local Laws Infringement Notice | | | | | | |
| **Grounds for Application (please refer to grounds for appeal)** | | | | | | |
| **Exceptional Circumstances  Contrary to Law**  **Special Circumstances  Mistaken Identity  Person Unaware of Fine**  **Penalty Reminder Notice Fee Waiver Request** | | | | | | |
| Infringement No. | |  | | Car Registration No. | |  |

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| **Supporting Information** |
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**GROUNDS FOR APPEAL**

**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). For more information, visit [www.fines.vic.gov.au](http://www.fines.vic.gov.au)

**2 Contrary to Law**

Please provide the reasons why you consider the decision to issue you with an Infringement was contrary to law.

For example, this ground can be used if you believe the infringement notice is not valid, or that an infringement officer has acted unlawfully or beyond their authority in taking that action or decision.

**3 Special Circumstances**

Special circumstances include:

* a mental or intellectual disability, disorder, disease or illness
* a serious addiction to drugs, alcohol or volatile substance
* homelessness
* family violence within the meaning of the *Family Violence Protection Act 2008*, or
* a long term circumstance or condition making it impactable to deal with the fine.

You must provide evidence (e.g. letter, report, statement) from one of the following parties to support your 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 a practitioner or case worker 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:
* whether, in the opinion of the practitioner/case worker, your condition/circumstances:-

1. contributed to a significantly reduced capacity to understand or control the conduction constituting the offence, or
2. make it impracticable to deal with your fine.

For more information, visit [www.fines.vic.gov.au](http://www.fines.vic.gov.au)

**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). For more information, visit [www.fines.vic.gov.au](http://www.fines.vic.gov.au)

**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. For more information, visit [www.fines.vic.gov.au](http://www.fines.vic.gov.au)

**6 Penalty Reminder Notice Fee Waiver Request**

Please provide the reason(s) why you believe the Penalty Reminder Notice Fee 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 21 days of the date of request, the enforcement agency may determine the application without further information.

**Consent for internal review**

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| **Consent for Internal Review** |

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

I (person named or in receipt of the infringement) ……………………………………………………………………..

of (address of person named or in receipt of the infringement)

....................................................................................................................................................................give my

consent to (name of person making the application on your behalf) ......................................................., to apply

for an Internal Review on my behalf to Infringement Number .......................................................................

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| --- | --- | --- | --- | --- | --- |
| **Your Signature** |  | **Date** | **Signature of other person with consent** |  | **Date** |

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| **Lodgement Details** | | | | |
| Please return completed form and other supporting documents to: | | | | |
| **Mail** | **Email** | | **Fax** | |
| Local Laws Department | shire@campaspe.vic.gov.au | | 5481 2290 | |
| Campaspe Shire Council |  | |  | |
| PO Box 35 |  | |  | |
| ECHUCA VIC 3564 |  | |  | |
|  |  | |  | |
| **Office Use Only** | | | | |
| Date Received: | | Time: | | Staff Name: |