



FEDERAL
MAGISTRATES
COURT OF
AUSTRALIA

Application for
Review

Fill in boxes A only	
A File number	
B Filed at Filed on	
C Place of hearing	
Hearing date	<input type="checkbox"/> AM
Hearing time	<input type="checkbox"/> PM

•Type or print clearly •Cross boxes where applicable

NOTICE TO RESPONDENT(S)

Name(s) of respondent(s) _____

address _____

- The applicant(s) seeks a review of the exercise or power described below
- The application is listed for hearing at the time and place in Box above.
- **If you do not attend the hearing the application may be decided in your absence.**

A DETAILS OF APPLICANT

1 Name(s) of applicant(s)

*give details for each -
attach extra page if you
need more space*

family name (surname)	given names
family name (surname)	given names

sent to solicitor in 3 other give details

2 Postal address for service of documents on applicant(s)

tel ()	fax ()	postcode
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3 Solicitor for applicant(s)

- name
- firm name
- address
- phone/fax/DX

tel ()	fax ()	code	postcode	DX and suburb/town
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B DETAILS OF EXERCISE OF POWER SOUGHT TO BE REVIEWED

4 Name of Registrar and registry / place

surname	registry or place
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5 Date of decree(s) or order(s) of which review is sought

day	/	month	/	year
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6 Terms of the decree(s) or order(s)

attach an extra page if you need more space

copy attached
set out below *give terms in full*

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