



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

**3 Solicitor for applicant(s)**

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

tel ( ) fax ( )

DX and suburb/town

code

postcode

**B DETAILS OF EXERCISE OF POWER SOUGHT TO BE REVIEWED**

**4 Name of Registrar  
and registry / place**

surname

registry or place

**5 Date of decree(s) or  
order(s) of which review  
is sought**

day / month / year

**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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