Application for internal review

(Health Services Infringements only)



 Please complete all sections below to have your infringement reviewed. Please complete the white sections, print clearly in ink using BLOCK letters, cross where applicable and then sign below. Only one Internal Review may be submitted per Infringement Notice, unless applying when an internal review has been granted on the ground of Person Unaware of Fine.

Applicant details									
Who is applying (confirm who is making the app	plication):								
X Person named on the infringement notice	Other person with consent (You must complete the 'Consent for Internal Review' on reverse side of this page) Authorised company representative								
Your personal details									
Surname / Company Name									
First name / Company ACN									
Address of person / Company									
			State		Postcode				
Email									
Infringement details									
Infringement notice number									
Grounds for application									
Descriptions are located on the reverse side of this page									
X Exceptional Circumstances See description 1	al Circumstand scription 3								
X Person Unaware of Fine See description 5		eminder Notion r Request S							
I have attached an explanation of my circums	stances and gr	ound(s) in s	ipport of my	application	Х				
Declaration details									
I understand that this is the only Internal Revie Infringement that I am able to submit pursuant to the Infringements Act 2006.		Signature of A	pplicant						
I declare that the information that I have supplie form, and any attachments to this form, are tr									
correct to the best of my knowledge. I understand that by making a false or mislea statement in support of claim, I may be prosect		Date D							

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Description of relevant grounds for internal review 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).

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
- · 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 ground(s) on which the decision should be reviewed, and
- provide your current address for service.

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 28 days of the date of request, the enforcement agency may determine the application without further information.

Consent for internal review

To be c	complete	ed if and	ther pe	rson is	acting c	n your	behalf.												
l (perso	on nam	ed in th	ne infrin	gemer	nt)														,
of (address of person named on the infringement)											, give my								
consent to (name of person making the application on your behalf)										_, to apply									
for an Ir	nternal F	Review	on my b	ehalf to	Infringe	ement N	Number												
Signatu	ure of pe	erson na	med or	the inf	ringeme	ent				Signatu	re of ot	her pers	son with	conser	nt				
4										_									
Date										Date									
D	D	/	M	M	/	Υ	Υ	Υ	Υ	D	D	/	Μ	M	/	Υ	Υ	Υ	Y

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Explanation of my circumstances and grounds in support of my application for internal review

Please submit this application for internal review form via:

Email healthservicesunit@portphillip.vic.gov.au

Mail City of Port Phillip
Health Services Infringement Appeal
Private Bag No.3
PO ST KILDA VIC 3182

Further information or to check the status of your application:

Phone: 03 9209 6777

Privacy

The personal information requested on this application form is being collected by Port Phillip City Council to assist in the assessment of your internal review application. The personal information will be used solely by Council for that primary purpose or directly related purposes. Council may disclose this information to VicRoads and Victoria Police. If this information is not collected, Council will be unable to assess your internal review application. The applicant understands that the personal information provided is for the assessment of the parking permit application and that he or she may apply to Council for access to and / or amendment of the information. Requests for access and / or amendment should be made to Council's Governance department.