



Description of relevant grounds for internal review appeal	
1	<p><b>Exceptional Circumstances</b></p> <p>Please provide details of the exceptional circumstances (where you have committed the offence due to unforeseen or unpreventable circumstances, e.g. medical emergencies).</p>
2	<p><b>Contrary to Law</b></p> <p>Please provide the reasons why you consider the decision to issue you with an Infringement was unlawful (e.g. the Infringement was not valid).</p>
3	<p><b>Special Circumstances</b></p> <p>Special circumstances includes:</p> <ul style="list-style-type: none"> <li>a mental or intellectual disability, disorder, disease or illness</li> <li>a serious addiction to drugs, alcohol or volatile substance</li> <li>homelessness, or</li> <li>family violence within the meaning of the Family Violence Protection Act 2008.</li> <li>Circumstances that are long term in nature and make it impracticable for the person to pay the infringement penalty or otherwise deal with the infringement notice and do not solely relate to the persons financial circumstances.</li> </ul> <p>You must provide evidence (e.g. letter, report, statement) from one of the following parties to support you application.</p> <ul style="list-style-type: none"> <li>a case worker, case manager or social worker</li> <li>a general practitioner, psychiatrist or psychologist, or</li> <li>an accredited drug treatment agency.</li> </ul> <p>Evidence (e.g. letter, statement or a report) from practitioner or case work should include the following information:</p> <ul style="list-style-type: none"> <li>the practitioner/case worker’s qualification and relationship with you, including the period of engagement</li> <li>the nature, severity and duration of your condition or your circumstances: <ul style="list-style-type: none"> <li>a) whether you were suffering from the relevant condition or circumstances at the time the offence was committed, and</li> <li>b) whether, in the opinion of the practitioner/case worker, it is more likely than not that your condition/ circumstances resulted in a significantly reduced capacity to understand or control the offending behavior.</li> </ul> </li> </ul> <p>The practitioner or agency report must show that because of your condition/circumstances, you had a significantly reduced capacity to understand or control the offending behavior.</p>
4	<p><b>Mistaken Identity</b></p> <p>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).</p>
5	<p><b>Person Unaware of Fine</b></p> <p>An application made on the ground of ‘person unaware’ must:</p> <ul style="list-style-type: none"> <li>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)</li> <li>state the grounds on which the decision should be reviewed, and</li> <li>provide your current address for service.</li> </ul>
6	<p><b>Penalty Reminder Notice Fee Waiver Request</b></p> <p>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.</p>

**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. Internal reviews are not permitted for an alleged drink-driving, driving under the influence of drugs, or excessive speed infringements that result in a loss of licence.

**Consent for internal review**

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

I (person named in the infringement)....., 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 Internal Review on my behalf to Infringement Number.....

Signature of person named on the infringement

Date

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

Date

D	D	/	M	M	/	Y	Y	Y	Y
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