



Administrative Decisions Tribunal
New South Wales

APPLICATION FOR REVIEW OF A REVIEWABLE DECISION

GENERAL DIVISION

File number (*for office use only*)

PARTIES

Applicant _____

Respondent _____

DECISION FOR REVIEW

Attached is a copy of the decision to be reviewed **OR**

A brief description of the decision to be reviewed is:

Date of decision for review and reference number _____

Date you received notice of the review decision

LEGISLATION

Specify the Act and section _____

under which the decision is made

INTERNAL REVIEW

Is the decision for review the decision made after an application for internal review? YES or NO

If NO please explain why you consider that the Tribunal can review this decision.

GROUND FOR APPLICATION

The reasons for seeking a review of the decision are:

LATE APPLICATION

If this application is lodged outside the prescribed time limit you must provide a reasonable explanation for the delay and be granted leave to proceed with the application. Please give your explanation:

PARTY DETAILS

APPLICANT

Name

Address

Phone / Fax

Email

APPLICANT'S LEGAL REPRESENTATIVE (IF ANY)

Name

Address

Phone / Fax

Email

RESPONDENT

Name

Address

Phone / Fax

SIGNATURE

Applicant's signature or the signature of the applicant's legal representative

Name

Date

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000
DX 1523 Sydney
Phone 02 9223 4677 Freecall 1800 060 410
Facsimile 02 9233 3283 TTY 02 9235 2674
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