



Administrative Decisions Tribunal  
New South Wales

**APPLICATION FOR REVIEW OF A REVIEWABLE DECISION**

Legal Profession Act 2004

**LEGAL SERVICES DIVISION**

File number

*for office use only*

**PARTIES**

Applicant

\_\_\_\_\_

Respondent

\_\_\_\_\_

**DECISION FOR REVIEW**

I attach a copy of the decision to be reviewed **OR**

A brief description of the decision is:

\_\_\_\_\_  
\_\_\_\_\_

Date of decision

Decision reference

Date you were notified

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GROUND'S FOR APPLICATION**

The reasons I am seeking a review of the decision are:

\_\_\_\_\_  
\_\_\_\_\_

**LATE APPLICATIONS**

The application is lodged within the time allowed under the relevant legislation **OR**

The reason the application is lodged outside the time allowed is:

\_\_\_\_\_  
\_\_\_\_\_

## PARTY DETAILS

### APPLICANT

Name

Address for service

Phone

Fax

DX

### Details of Applicant's legal representative

Legal Practitioner's name

Firm

Address

Telephone

Facsimile

DX

File reference

### RESPONDENT

#### Respondent's details

Name

Address

## SIGNATURE

Your signature or the signature of  
your 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

[www.lawlink.nsw.gov.au/adt](http://www.lawlink.nsw.gov.au/adt)

## HOW TO COMPLETE THIS FORM

### THESE INSTRUCTIONS ARE NOT TO BE FILED

Do not include any information about the proceedings on this part of the form.

### \*\* OPTIONAL INFORMATION

Some information in this form may not be relevant to your proceedings. An item marked with \*\* may be omitted if it is not relevant to your proceedings.

### TITLE OF PROCEEDINGS

#### Applicant

Include the full name of the Applicant. If the Applicant is a company, include the name, director's name and ACN of the company.

#### Respondent

Include the full name of the Respondent. If the Respondent is a company, include the name and ACN of the company.

### DECISION FOR REVIEW

You should include a copy of the decision to be reviewed if you have it and the date you were notified about the decision.

### GROUNDINGS FOR APPLICATION

Using numbered paragraphs include the matters you would like the Tribunal to consider when reviewing the decision.

### LATE APPLICATIONS

If your application is lodged later than the time allowed under the relevant legislation, and the respondent objects, you may be required to obtain the leave of the Tribunal to proceed.

### PARTY DETAILS

Include the address for service of the party who is filing the form. For example, the following information should be included if the form is being filed by the legal practitioners for a party.

Address	[Name of firm]
	[ACN if relevant]
	[Street address]
	[DX address]
	[Telephone number]
	[Fax number]
	[File reference]

### SIGNATURE

This form must be signed by:

- The legal practitioner for the party
- If the party does not have a legal practitioner, an authorised person, or the party.

If a legal practitioner or authorised person is signing the form, include information about the capacity in which the person is signing the form eg. Legal practitioner for the applicant.