**INTERLOCUTORY APPLICATION FOR RESCISSION OR REDUCTION OF BAIL FORFEITURE**

**Bail Act 1985 s 19(3)**

SUPREME / DISTRICT / MAGISTRATES / YOUTH **Circle one** COURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

CASE NO: …………………

………………………………………………………………………………**Full Name**

**R / Informant**

**v**

………………………………………………………………………………**Full Name**

**Defendant / Youth**

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| **Lodging party** |  |  |
|  | **Party title** | **Full Name of party** |
| Name of law firm/office |  |  |
| **If applicable** | **Law firm/office** | **Solicitor** |
| Name of authorised officer |  |
| **If body corporate and no law firm/office** | **Full Name** |

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| **Application details****Mark appropriate selection below with an ‘x’**This Application is for rescission or reduction of an order that a pecuniary forfeiture stipulated in a bail agreement or a [guarantee](http://classic.austlii.edu.au/au/legis/sa/consol_act/ba198541/s3.html#guarantee) be carried into effect.This Application is made under section 19(3) of the *Bail Act 1985*.The Applicant **Circle one** seeks the following orders:1. that the order made on ……………………….**date** in case number …………**case number** for forfeiture of $*.................***amount** under a Bail Agreement / Guarantee of Bail**circle one** entered into on ……………………….**date**

[ ] as principal [ ] as guarantor for the original Defendant / Youth **circle one**……………………………………**full name** ­(‘the Subject’) be reviewed and that the liability under the order be rescinded or reduced.This Application is made on the grounds[ ] set out in the accompanying Affidavit sworn by…………………………………………**full name** on………………………**date**[ ] that **Outline grounds in separately numbered paragraphs below**1. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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| **To the Other Parties: WARNING**This Application will be considered at the hearing at the date and time set out at the top of this document.If you wish to oppose the Application or make submissions about it:* **you must attend the hearing** and
* if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must** file and serve on all parties an affidavit before the hearing date.

If you do not do so, the Court **may proceed in your absence** and orders may be made **finally determining** this application without further warning. |

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| **Service**The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents****Mark appropriate selection below with an ‘x’**Accompanying this Application is a[ ] Supporting Affidavit **optional unless required by Rules of Court**[ ] If other additional document(s) please list them below:.…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………..………………………….…...**list additional documents (if any)** |