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| <p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p> |
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| <p><b>Hearing Date and Time:</b></p> <p><b>Hearing Location:</b></p> |
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**APPLICATION FOR REVIEW OF BAIL BY MAGISTRATE**  
 Bail Act 1985 s 14(2)(b), 15

[MAGISTRATES/YOUTH] Select one COURT OF SOUTH AUSTRALIA  
 CRIMINAL JURISDICTION

**[FULL NAME]**  
**Appellant**

**v**

**[FULL NAME]**  
**Respondent**

|   |   |                                      |                         |                        |
|---|---|--------------------------------------|-------------------------|------------------------|
| <b>Appellant</b>  | <b>Party title</b>  | <b>Full name of party</b>            |                         |                        |
| Name of law firm/office                                 |   |                                      |                         |                        |
| <small>If applicable</small>                            | <small>Law firm/office</small>  | <small>Responsible Solicitor</small> |                         |                        |
| Name of authorised officer                              |   |                                      |                         |                        |
| <small>If body corporate and no law firm/office</small> | <small>Full name</small>  |                                      |                         |                        |
| Address for service                                     | <small>Street Address (including unit or level number and name of property if required)</small> |                                      |                         |                        |
|   | <small>City/town/suburb</small>   | <small>State</small>                 | <small>Postcode</small> | <small>Country</small> |
|   | <small>Email address</small>  |                                      |                         |                        |
|   |   |                                      |                         |                        |
| Phone Details   | <small>Type (eg. Home; work; mobile) - Number</small>   |                                      |                         |                        |

|                   |   |
|-------------------|---|
| <b>Respondent</b> | <b>Full Name</b>  |
| Address           | <small>Street Address (including unit or level number and name of property if required)</small> |

|               |  |       |                |         |
|---------------|--|-------|----------------|---------|
|               | City/town/suburb                       | State | Postcode       | Country |
|               | Email address                          |       |                |         |
| Phone Details | Type (eg. Home; work; mobile) – Number |       | Another number |         |

**Review details**

The Appellant applies to the [*Magistrates/Youth*] select one Court for review of the bail decision identified below.

This application for review is made under

- section 14(2)(b) of the *Bail Act 1985*  
 section 15 of the *Bail Act 1985*

**Bail decision subject of review**

Date of bail decision: [*date*]

Bail authority: [*name*]

Individual decision maker: [*title and name*]

File number of other bail authority: [*number*]

Relevant terms of bail decision: [*terms*]

**Grounds of Review**

This Application is made on the grounds set out in the accompanying affidavit sworn by [*name*] on [*date*].