Expiation notice dispute

Applicant's name		
Mailing address		
Contact phone numbers		
Email address		
Expiation notice numbers		
Offence details		
_	pute does not automatically cancel the expiation notice. Plevant to your dispute and ensure you sign this form.	ease
The expiation notice received contains incorrect information such as date, time and location of offence. (Please provide your own written statement with this form. Please not that a new Expiation notice for the offence may be issued with correct details).		
I think the offence(s) (or any of the offences) was trifling. (For special meaning of trifling see Section 4(2) of the Expiation of Offences Act).		
I am suffering from a cognitive impairment that excuses the alleged offending. (Cognitive impairment includes a development disability, an acquired disability or a mental illness)		
I believe there are other circumstances to be taken into consideration. (Please attach your own written statement to this form).		
I elect to be prosecuted for the offence shown on the Expiation notice. (Please provide your own written statement with this form outlining your reasons for electing to be prosecuted).		
Reasons for the disput	te (please attach additional pages if required)	
Following the receipt of this be sent an acknowledgeme	s Expiation notice dispute the notice will be put 'on hold' and yent letter.	ou will
	sessed and you will receive written notification of the decision. ayment due date if applicable.	The

If the expiation notice is cancelled, you will receive notification and there will be no further action taken.



Applicant's signature	Date

