



# Administrative review application form

ADMINISTRATIVE AND EQUAL OPPORTUNITY DIVISION AND OCCUPATIONAL DIVISION

## File Number

Office use only

## 1. PARTIES

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**Applicant**            May McPhee  
**Respondent**        Commissioner of Victims Rights

## 2. DECISION FOR REVIEW

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I attach a copy of the decision to be reviewed.

The date I was notified about the decision is: 1 July 20xx

## 3. GROUNDS FOR APPLICATION

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I am seeking a review of the decision on the following grounds:

1. On 29 May 20xx, I received an order for restitution in the amount of \$1,500.
2. On 10 June 20xx, I sent an Objection to an order for restitution with a letter setting out my reasons for seeking a reduction of the amount to \$500.
3. On 1 July 20xx, I received a letter from Victims Services refusing to allow a reduction.
4. I seek a review of the decision of Victims Services on the grounds of financial hardship.

## 4. INTERNAL REVIEW OR OBJECTION

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The decision attached was made after the agency conducted an internal review or objected to the original decision

YES  NO

If **NO** the Tribunal can only review the decision if:

- The application is urgent. An application for stay or interim order must be filed with this application **OR**
- The decision is exempted by law from internal review or objection **OR**
- I have made an application for internal review or objection and the agency has not responded within the time allowed (deemed refusal)

## 5. LATE APPLICATIONS

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

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

## 6. PARTY DETAILS

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### A. APPLICANT

**Name:** May McPhee  
**Address:** 1 Lilyfield Street, Nowra NSW 2541

#### APPLICANT'S LEGAL REPRESENTATIVE

**Legal Practitioner's name:** Not applicable  
**Name of firm or organisation:** Not applicable  
**Address:** Not applicable

#### CONTACT DETAILS

**Telephone:** 02 1111 1111                      **Mobile:** 0411 111 111  
**Email:** MayMcPhee@May.com

**Do you want NCAT notices and correspondence emailed to you?**

By ticking this box you agree to receive the notice of hearing and other future correspondence by email. Please ensure the email address provided above is accurate and the email account is checked regularly.

Please note NCAT does not accept filing of applications, submissions or evidence by email. Parties must give a hardcopy of documents to the Registry.

### B. RESPONDENT

**Name:** Commissioner of Victims Rights  
**Address:** Level 1, Justice Precinct Offices, 160 Marsden Street, Parramatta NSW 2150

## 7. SIGNATURE

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Your signature or signature of legal representative

**Name:** May McPhee

**Signature:** *M McPhee*

**Date:** 15 July 20xx

## 8. REGISTRY DETAILS

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### NCAT Administrative and Equal Opportunity Division and Occupational Division

**Postal address:** PO Box K1026, Haymarket NSW 1240  
DX 11539 Sydney Downtown

**Street address:** Level 10 John Maddison Tower, 86-90 Goulburn Street, Sydney NSW 2000

**Telephone:** 1300 006 228

**Email:** aeod@ncat.nsw.gov.au

**Website:** www.ncat.nsw.gov.au

### Application fee information

You may need to pay an application fee when lodging your application. The fee schedule is available on the [NCAT website](#).

Credit card payment can be made by submitting a [credit card authority form](#) with your application. Credit card surcharges apply. Cheque or money order payments are to be made out to 'NSW Civil and Administrative Tribunal' or 'NCAT'. Payments can be made in person at any NCAT Registry or Service NSW Centre.

If you are unable to pay the concession fee or are not eligible, NCAT may consider waiving the fee fully or partially. To request a fee waiver please complete the [fee waiver request form](#).