

Victoria

APPLICATION FOR VEHICLE TO BE RELEASED FROM IMPOUNDMENT/IMMOBILISATION DUE TO HARDSHIP

Section 840 Road Safety Act 1986

	Court Reference:
Applicant:	
Address:	
Email:	Phone:
Informant:	
Address:	
	E SEIZURE (IMPOUNDMENT/IMMOBILISATION) OF THE MOTOR VEHICLE
Vehicle Registration:	
Date vehicle seized:	
Current licence status:	
Details of offence (charges):	
I was driving the vehicle whe	n it was seized?
INFORMATION ABOUT THI	S APPLICATION
My interests are substantially affected by the impoundment/immobilisation of the motor vehicle. I seek to have the	
vehicle released as its' impoundment/immobilisation * is causing / will cause me exceptional hardship.	
I make this application on the	
I apply for an order that	I am not required to pay * all / part of the costs of the impoundment/immobilisation
,	
Date:	
	(Signed) Applicant
LISTING OF APPLICATIO	N (registrar to complete)
This application is listed for h	earing before the Magistrates' Court at
at * am / p	
	(Date must be at least 7 days in advance)
Date:	
	Registrar of the Magistrates' Court
PLEASE NOTE:	
	e (1) copy application and provide copy to applicant; (2) email application to police; (3) attach original to court
	dment Unit – Email: VI-1255-MGR@police.vic.gov.au