



# State Debt Recovery Office

The Fines Division of OSR

Enquiries 1300 655 805 TTY: (02) 6354 7255

Email [info@sdro.nsw.gov.au](mailto:info@sdro.nsw.gov.au)

Website [www.sdro.nsw.gov.au](http://www.sdro.nsw.gov.au)

Office of State Revenue  
NSW TREASURY  
ISO 9001-Quality Certified  
ABN: 77 456 270 638

## Time to Pay Application – for Individuals

To apply to pay your enforcement order(s) by instalments

- NOTE:**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
  - Do not use this form to apply for 'Time to Pay' on a penalty notice unless the penalty notice has already become an enforcement order. Part payment may be made towards a penalty notice.
  - If you fail to comply with a 'Time to Pay' order, SDRO may use the information to impose licence/ registration restrictions, to have your personal belongings seized by the sheriff or to have your wages or bank account garnisheed to satisfy the fine.
  - Restrictions imposed by the NSW Roads and Traffic Authority or any other actions taken against you by SDRO may remain in force until all outstanding fines and enforcement costs have been paid
  - If you do not complete all sections of the form, SDRO may decline your application
  - Please send your completed form to the State Debt Recovery Office, PO Box A2571, SYDNEY SOUTH 1235, or fax to **(02) 6354 7302**

### Your details

Full name (include any aliases)

Current address

Mailing address (if different from above)

Previous addresses (if you have changed address in the last five years. Attach note if you need more space.)

My Enforcement Order Number(s) are

Date of birth (dd mm yyyy)         No. of dependants  Licence no.

Phone no. ( )  Mobile no.

### Complete this section if you are currently employed or self-employed

Occupation

Net fortnightly wage \$  (Attach a copy of your most recent pay slip)

Employer's name

Employer's address

Employer's ABN  Phone no. ( )

If self-employed, nature of business

Name of company subcontracted to

Trading name  ABN

**NOTE:** Self-employed persons must provide an operating statement for the last full quarter

### Complete this section if you currently receive social security or any other income

Fortnightly benefit \$  Family allowance and rent assistance \$

Social Security/Centrelink no.

All income (including employment) received by your spouse \$

Other income (including compensation payments) \$

**Important: See over the page for more information.**

