

MEDICAL DEFENCE – APPLICATION FORM

Impaired Driving (Drug Driving) Medical Defence - Section 64 Land Transport Act 1998

Please use this form if you have received an Infringement Offence Notice (ION) and wish to apply for a medical defence.

Police cannot consider a medical defence for any notice that has either been paid or transferred to the Fines Collection Unit of the Ministry of Justice.

First
Name(s):

Date of Birth:

Surname:

Mandatory fields

New Zealand driver licence number:

Vehicle registration number:

Postal or
street address:

Suburb:

City:

Postcode:

Contact Phone
Number:

Email:

The following information will allow for a medical defence to be considered by the Police Infringement Bureau.

My Police Notice Number is:

I have attached the following (tick all applicable boxes):

☐
☐
☐

A copy of the current and valid prescription for the qualifying drug(s) I have tested positive for

A copy of the label from the container in which the qualifying drug(s)
I have tested positive for, were dispensed in.

Other relevant information I wish to have considered

The attached information along with this completed form must be emailed or posted to:

Address: **Police Infringement Bureau, PO Box 9147, Wellington 6141**

Email: **ticket@police.govt.nz**

For more information visit: **www.police.govt.nz** or

FREEPHONE 0800 105 777

By ticking this box I accept the following:

☐

The Police Infringement Bureau will be unable to assess my medical defence if insufficient information is provided or the information cannot be verified. This could result in my medical defence application being declined.
Any information I provide will only be used for the purpose of the application process.

I provide Police with permission to contact my medical provider directly for the sole purpose of authenticating the information that I have provided. This is not an authorisation for Police to request any personal medical information about me.

I do not need to disclose the reason why I have been prescribed the drug(s).

New Zealand Police are not liable for any financial costs which are incurred as a result of my medical defence application.

(Please note: This is not an authorisation for New Zealand Police to request any personal medical information other than information relating to the medical defence).

Signed:

Date: