File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



DAMAGES APPLICATION-CIVIL DISPUTE

APPLICANT'S DETAI	ILS
Name	
Address line 1	
Address line 2	
Telephone	Fax: Email:
If a corporation:	
ACN/ABN	
Address of	
registered	
officer/public	
officer	
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)	
Name	
Address line 1	
Address line 2	
Telephone	Fax: Email:
RESPONDENT'S DET	TAILS
Name	
Address line 1	
Address line 2	
If a corporation:	
ACN/ABN	
Address of registered officer/public officer	
Telephone	Fax: Email:

Grounds of application (set out briefly the grounds of the application)

Previous attemn	ots to resolve the dispute
	nd the respondent have attempted to resolve their dispute in the following way:
*The applicant ar	nd respondent have made no prior attempts to resolve their disputes
	(Please describe here the details of any orders you are seeking and also the details of any
amounts that you	u seeking for compensation).
Amount	Reason claimed
	Fee for commencing proceedings
	Charges and out-of-pocket expenses
	Amount of damages claimed
	AND INTEREST IS CLAIMED
	AND INTEREST IS CLAIMED TOTAL AMOUNT OF APPLICATION
	TOTAL AMOUNT OF APPLICATION
Applicant's signature	

INFORMATION ABOUT DAMAGES APPLICATIONS

This Application form should be used for applications to the ACT Civil and Administrative Tribunal (the ACAT) for damages.

A 'damages application' is an application to recover damages caused by someone else's actions.

Other applications should be lodged in person between the hours of 9am and 4.30pm at the ACAT, ACT Magistrates Court Building, Knowles Place, Canberra City or by mail to GPO Box 370, Canberra ACT 2601 or by fax to (02) 6205 4855