File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL

AUSTRALIAN CAPITAL TERRITORY
CIVIL & ADMINISTRATIVE TRIBUNAL

RESPONSE-CIVIL DISPUTE

APPLICANT'S DETAILS	
Name	
Address line 1	
Address line 2	
	Fax:
Telephone	Email:
If a corporation:	
ACN/ABN	
Address of registered officer/public officer	
APPLICANT'S REPRES	SENTATIVES DETAILS (IF ANY)
Name	
Address line 1	
Address line 2	
Telephone	Fax: Email:
RESPONDENT'S DETA	
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Name	iles — — — — — — — — — — — — — — — — — — —
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Name	ILS
Name Address line 1	
Name Address line 1 Address line 2 If a corporation:	
Name Address line 1 Address line 2 If a corporation: ACN/ABN Address of registered	Fax:
Name Address line 1 Address line 2 If a corporation: ACN/ABN Address of registered officer/public officer Telephone	
Name Address line 1 Address line 2 If a corporation: ACN/ABN Address of registered officer/public officer Telephone	Fax:
Name Address line 1 Address line 2 If a corporation: ACN/ABN Address of registered officer/public officer Telephone RESPONDENT'S REPR	Fax:
Name Address line 1 Address line 2 If a corporation: ACN/ABN Address of registered officer/public officer Telephone RESPONDENT'S REPR	Fax:

Approved Form AF2009- 127 approved by L Crebbin (General President), B Stefaniak (Appeal President) and P Spender (Presidential Member) on 3 April 2009 under section 117 of the *ACT Civil and Administrative Tribunal Act 2008*. This form repeals form AF2009-71

Admission of liability	
I admit liability	
□ in whole or	
□ in part	
and agree to the entry of judgment on the following terms:	
Judgment is to be entered in the amount of: \$	
The following amount is paid into the Tribunal Trust account: \$	
The amount of the judgment is to be paid on or before	
The amount of the judgment is to be paid by instalments on the following terms	
The following orders are to be made:	
If liability is not admitted	
Disputed claim	
I dispute the applicant's claim on the following grounds (please attach page if insufficient space):	

If the respondent has a counterclaim or set-off
Counterclaim [and set-off]
The following counterclaim and set-off is made: \$
Set out briefly the grounds of the counterclaim and set-off
Date:
Signature of respondent or respondent's representative
Name of respondent or respondent's representative: