

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**RESPONSE-
CIVIL DISPUTE**

NOTE : DO NOT SEND ANY MONEY WITH THIS RESPONSE

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

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*):
