

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**DAMAGES APPLICATION-
CIVIL DISPUTE**

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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:

Previous attempts to resolve the dispute

**The applicant and the respondent have attempted to resolve their dispute in the following way:*

**The applicant and respondent have made no prior attempts to resolve their disputes*

Remedy sought (Please describe here the details of any orders you are seeking and also the details of any amounts that you seeking for compensation).

Amount	Reason claimed
	Fee for commencing proceedings
	Charges and out-of-pocket expenses
	Amount of damages claimed
	AND INTEREST IS CLAIMED
	TOTAL AMOUNT OF APPLICATION

Applicant's signature		Date	
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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, Level 4, ACT Health Building, 1 Moore Street, Canberra City or by mail to GPO Box 370, Canberra ACT 2601 or by fax to (02) 6205 4855