File Number	ACT CIVIL AND ADMINISTRATIVE TRIBUNAL	
/	GOODS APPLICATION- CIVIL DISPUTE	AUSTRALIAN CAPITAL TERRITORY CIVIL & ADMINISTRATIVE TRIBUNAL
APPLICANT'S DETA	ILS	
Name		
Address line 1		
Address line 2		
Telephone	Fax: Email:	
If a corporation:		
ACN/ABN		
Address of		
registered		
officer/public officer		
	RESENTATIVES DETAILS (IF ANY)	
Name		
Address line 1		
Address line 2		
Telephone	Fax: Email:	
RESPONDENT'S DE	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)	_

<b>Previous atte</b>	mpts to	resolve	the	dispute
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\*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

DETAILS OF AMOUNTS CLAIMED				
Amount	Reason claimed			
	Fee for commencing proceedings			
	Charges and out-of-pocket expenses			
	Amount claimed for value of goods and services			
	Amount of damages sought for detention of goods			
	If any other amount claimed- specify amount sought			
	Particulars of Interest: Interest to be determined by the Tribunal is claimed in accordance with the <i>Court</i> <i>Procedures Rules 2006.</i> Period(s) for which interest is claimed			
	Contractual interest is claimed: Period(s) for which interest is claimed			
	Total amount of interest accrued to date			
	TOTAL AMOUNT OF APPLICATION			

Applicant's	Date	
Signature		

## INFORMATION ABOUT GOODS APPLICATIONS

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

A 'goods application' is an application dealing with the provision of goods and services. You can make a goods application for the recovery of the value of goods or services, for the recovery of goods, for the provision of services or for damages caused by the detention of goods.

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