

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**RESPONSE TO THIRD PARTY
NOTICE- CIVIL DISPUTE**

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

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 respondent's claim on the following grounds: *(attach page if insufficient space)*

If the third party 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: _____

Name: _____