

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



/

APPLICATION FOR APPEAL FROM AN ACAT DECISION

FULL NAME/COMPANY

NAME: _____

TELEPHONE: _____ **TELEPHONE:** _____ **FAX:** _____

(Business)

(Home)

EMAIL ADDRESS:

POSTAL ADDRESS:

REPRESENTATIVE'S NAME AND ADDRESS: (If you have one)

TELEPHONE: _____ **FAX:** _____

EMAIL: _____

ACAT REFERENCE NUMBER:

DATE OF THE DECISION: _____ **DATE YOU RECEIVED**
DECISION: _____

REASONS FOR APPEAL – PLEASE STATE: (1) THE NATURE OF THE CASE, (2) ANY QUESTIONS OF LAW OR FACT INVOLVED, (3) ANY ADDITIONAL EVIDENCE YOU WISH TO INTRODUCE, (4) REASONS WHY THE APPEAL SHOULD PROCEED, (5) WHAT REMEDY YOU ARE SEEKING

(You may attach additional information/documents/statements)

DO YOU WISH THE MATTER TO BE REFERRED DIRECTLY TO THE SUPREME COURT: YES / NO

SIGNATURE: _____ **DATE:** _____