

Application for Order to be Joined as a Party

Information on Application for Order to be Joined as a Party

This form may be used when an application or appeal has already commenced before the Tribunal and someone who has an interest in the application or appeal wishes to apply for an order to be joined as a new party to the proceeding.

The Tribunal may join a person as a new party in accordance with section 29 of the ACT Civil and Administrative Tribunal Act 2008. Section 25 of the ACT Civil and Administrative Tribunal Rules 2009 (No 2) also applies in relation to an application for an appeal.

ACAT file number:	
Applicant:	
Respondent:	
Person Seeking To E For multiple applicants, please com	Be Joined plete a separate application for each)
Name:	
Postal Address:	
Preferred Phone Number:	
Alternate Phone Number:	
Email:	
Representative Deta	ails (If Any) yer should file an Authority to Act for a Corporation or Power of Attorney)
Name:	
Postal Address:	
Phone Number:	
Email:	
f this is a review of a Devel	opment Application did you make a representation?
□ yes	· · · · · · · · · · · · · · · · · · ·
□ no	
□ not applicable	

(attach additional page if insufficient	st in the application or appeal space)
Have you notified the applica	ant and respondent that you are seeking to be joined to this matter as a party?
☐ Yes. If yes, when:	
□ No	
Do you wish to be jo (You can only be joined as an applica	ined as an applicant? ant if you were entitled to apply to the tribunal under the authorising law as an applicant)
□ Yes	
□ No	
Signature of party to be	
joined or representative:	
Name of party to be joined	
or representative: (Any representative who is not a lawyer should	d file an Authority to Act for a Corporation or Power of Attorney)
Date:	

Checklist for Applicants Lodgement of an Application for Order to be Joined as a Party

- Application for Order to be Joined as a Party form (available at www.acat.act.gov.au) has been correctly filled out including:
 - Person seeking to be joined's name and full contact details, including email address are completed
 - Your interest in the main application is identified
 - This form is signed and dated by you or your authorised representative.
- If applicable, *Power of Attorney* or *Authority to Act for a Corporation* form has been completed (available at www.acat.act.gov.au) to be filed with the application.
- Correct lodgement fee is ready to be provided with application. The ACAT accepts cash, bank cheque and credit card payments over the counter, and bank cheque or credit card payments via post. Credit card payments are accepted via post using the Credit Card Payment Authorisation form. Information on fees payable is available at www.acat.act.gov.au.
- Complete *Request About Payment of Fees* form if you believe that the payment of fees will cause hardship and you wish to apply for a waiver of fees. Information on fee waivers is available at www.acat.act.gov.au. You are eligible for an exemption from paying fees if you are the holder of a Commonwealth-issued health care card, low income health care card or pensioner concession card.