

ACAT file number

**XD**

Response – Civil Dispute

* **If you do not file this response within 21 days of receiving the Civil Dispute Application, judgment may be entered against you**

# **Do *not* make payments to ACAT with this response** (except for the filing fee if you are lodging a counter claim)

**Applicant Respondent**

# **RESPONDENT**

 For more than one respondent, attach a separate page.

**Name**

(if a company, include ACN/ARBN)

**Postal address**

 (if a company, address should be the registered office)

**Email**

 (preferred contact)

**Telephone**

# ACAT will use these details to communicate with you.

# **RESPONDENT’S AUTHORISED REPRESENTATIVE (IF ANY)**

A representative who is not a lawyer must also lodge a *Power of Attorney* (for an individual) an *Authority to Act for a Corporation* (for any other legal entity).

**Name**

 **Postal address**

 (if a company, address should be the registered office)

**Email**

 (preferred contact)

**Telephone**

# If you have an authorised representative, ACAT will communicate with your representative.

# A copy of this response form will be provided to the applicant, the respondent and any other party. ACAT hearings are usually open to the public and information provided to ACAT may be publicly available. If you have concerns about your information being made public please contact the Registry.

# **RESPONSE**

 **What is your response to the Civil Dispute Application?**

**□**

**□**

**□**

 **Admission of liability** - complete **SECTION A** **Disputed claim** - complete **SECTION B**

**Counter claim** - complete **SECTION C**

**SECTION A ADMISSION OF LIABILITY**

* Complete **Section A** if you agree with the *whole* claim against you and you admit liability; ***or***
* Complete **Section A *and* B** if you admit liability *in part*, and dispute the remainder of the claim.

**I admit liability**

[ ]  **in whole**; or

[ ]  **in part**

**and agree to the entry of judgment in the following terms:**

$

Judgment is to be entered in the amount of

*(date)*

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:

*(State amount, frequency and start date for proposed instalment payments)*

**ORDERS**

**I am seeking the following orders** (attach a separate page if needed)

**SECTION B DISPUTED CLAIM**

Complete Section B if you dispute the claim against you.

**I dispute the applicant’s claim on the following grounds** (attach a separate page needed):

**SECTION C COUNTER CLAIM** (filing fee is payable for a counter claim)

Complete Section C if you want to make a claim against the applicant with respect to this matter.

**WHAT IS THE COUNTER CLAIM ABOUT?**

Set out a brief history of the dispute, including the reason/s for the claim (attach a separate page if needed).

**ORDERS (for the counter claim)**

What order/s do you want ACAT to make? Include the details of any amounts you want paid to you. For more than one respondent, attach a separate page.

**The respondent applies for the following orders (complete Part C1 and/or Part C2):**

**Part C1 MONETARY CLAIM**

1. **DETAILS OF AMOUNTS CLAIMED**
* **Amount claimed**
* **ACAT filing fee**

 (fee for commencing proceedings)

* **Search fees**

 (company and/or business name search)

* **Other amount claimed (if any)**

(specify amounts sought and reasons claimed)

1. **PARTICULARS OF INTEREST**

**Please indicate the preferred method of interest calculation:**

[ ]  **Interest to be determined by the Tribunal** in accordance with the *ACT Civil and Administrative Tribunal Procedures Rules 2020* and the *Court Procedures Rules 2006.*

 **Provide beginning date for interest calculation**

(if the applicant has made any payment/s to you during the period interest is claimed, attach a worksheet specifying dates and amounts paid, and outstanding balance from time to time)

**OR**

[ ]  **Contractual Interest is claimed.** Please attach:

* interest schedule used to calculate interest, including information on the period(s) for which interest is claimed; and
* contract or excerpt of contract that authorises contractual interest to be claimed.

**Total amount of interest accrued to date**

It is important to provide as much information as you can. The Statement of Interest Claimed Worksheet (available from [www.acat.act.gov.au](http://www.acat.act.gov.au/)) may be used and attached to your application if more space is required.

1. **TOTAL AMOUNT OF COUNTER CLAIM**

**Part C2 ANY OTHER ORDERS SOUGHT** (counter claim continued)

**I am claiming the delivery of goods; AND / OR**

**I am seeking other orders for the resolution of the dispute**

Give details below (attach a separate page if needed).

## **HEARING**

What dates are you **not** available to attend ACAT in the next 3 months?

**Do you need an interpreter?** [ ]  **No** [ ]  **Yes** (language and dialect)

**Do you need assistance?** (for example, a hearing loop when you attend ACAT)

A list of services ACAT can provide is available on the ‘Accessibility’ page of our website (www.acat.act.gov.au)

[ ]  **No** [ ]  **Yes (provide details)**

1. **SIGNATURE**

Signature of respondent or respondent’s representative (all respondents to sign)

Name of person/s

 signing

Date

Complete the checklist on the next page before lodging this Response with ACAT.

# **CHECKLIST**

***Response – Civil Dispute* form** (available at www.acat.act.gov.au) **is correctly filled out** including:

**□**

* Respondent’s name and full contact details, including email address
* ACAT file number is quoted. This can be found at the top left corner of the Civil Dispute Application and covering letter, starting with the letters “XD”
* If applicable, acceptance of liability is indicated and the orders agreed to are set out
* If applicable, grounds for disputing the claims made against you are set out
* Form is signed and dated by all respondents or the respondent’s authorised representative. If there is more than one respondent:
	+ Joint response: all respondents must sign
	+ Not a joint response: each respondent must file their own response

**Response form is submitted to the ACAT before the date specified** in the covering letter

**□**

If applicable ***Power of Attorney***(for an individual) or ***Authority to Act for a Corporation***(fora company or a different legal entity) is attached (available at [www.acat.act.gov.au](http://www.acat.act.gov.au)).

**□**

**Documents to be relied on are attached.** Examples are:

**□**

* Correspondence between parties
* Receipts, invoices and/or quotes
* Particulars of financial loss
* Contract

**Correct number of copies of this form and attachments (at least 3) are provided**. An extra copy is needed for each additional applicant or respondent.

**□**

**Correct lodgement fee is ready to be paid for any counter claim**. The ACAT accepts cash, bank cheque and credit card payments over the counter, and bank cheque or credit card payments via post.

**□**

 **OR**

**Complete a *Request About Payment of Fees* form** if payment of fees will cause hardship and you wish to apply for a waiver or deferral of fees. Information on fees payable is available at <http://www.acat.act.gov.au/> .

**□**

**NOTE:** Do *not* pay the amount claimed in the Civil Dispute Application form to ACAT. The only payment that can be accepted with this form is a filing fee if applicable.

**Do you need assistance?**

If the applicant or respondent need assistance (for example, an interpreter or hearing loop), please let ACAT know as soon as possible. A list of services ACAT can provide is available on the *Accessibility* page of our website ([www.acat.act.gov.au](https://www.acat.act.gov.au/)).

## **More information**

Visit our website [www.acat.act.gov.au](http://www.acat.act.gov.au) for information about:

* What to expect
* Case types: Civil disputes
* Fees and forms
* Lodge and serve documents

# **Contact ACAT**

**Telephone** (02) 6207 1740

**Email** tribunal@act.gov.au

**Post** ACT Civil and Administrative Tribunal (ACAT)

 GPO BOX 370

 CANBERRA ACT 2601