

Form 3.59

Application for arbitration by employer or insurer

Court Procedures Rules 2006

(see r 3907 (Application for arbitration—by employer or insurer))

In the Magistrates Court of the Australian Capital Territory

No WC of (year) (*Court to complete*)

(name)

Applicant

(name)

Respondent

Applicant (<i>employer/insurer details</i>)	full name	
address		ABN

Respondent (<i>injured worker's details</i>)	name		claim no.	
	address		dob	

Filed for the applicant by:
(*the applicant's address for service and telephone number (if any) or, if the applicant is represented by a solicitor and the solicitor is the agent of another solicitor, the name and place of business of the other solicitor*)

Applicant's insurer

(for applicant employer—if more than 1 insurer, list all insurers)

name	
address	ABN

Applicant's lawyer

firm name			
address			
telephone		email	
solicitor's name		reference	

The applicant requests an arbitration.

Nature of application

- ☐ Application for arbitration about the rejection by the applicant of the respondent's claim for compensation.

(Workers Compensation Act, s 132 (Rejecting claims from 1 year))

- ☐ Other *(state nature of application)*.

(Tick applicable boxes)

Date:

(signature of applicant or applicant's solicitor)

(name of applicant or applicant's solicitor)

Notice to respondent

You may file an answer to this application for arbitration in the Court not later than 28 days after the day the application is served on you (see r 3913 (Application for arbitration—answer by respondent or third-party respondent)).

If you do not file an answer within this time, you are liable to have an order made against you.

Particulars

1	(a) date of injury (<i>if over a period of time, state the period as accurately as possible</i>): (b) place where the injury happened: (c) how the injury happened:	(a) (b) (c)
2	nature of injury	
3	particulars of compensation being paid at date of application:	\$ ____pw
4	(a) date of commencement of compensation: (b) whether by court award or otherwise:	(a) (b)
5	(a) total compensation paid to respondent to date of application: (b) total medical treatment, damages and other costs paid to or on behalf of respondent to date of application:	
6	grounds for application	

Note 1 Further particulars may be attached.

Note 2 Particulars must be given of any other facts alleged, failure to give which may take the respondent by surprise.

☐ medical reports in support of application attached

(Tick box if applicable)