

**Application for Order to be Joined as a Party**

This form may be used when an application has already commenced before the ACT Civil and Administrative Tribunal (ACAT) and someone who has an interest in the application wishes to apply for an order to be joined as a new party to the proceeding. See Section 29 of the *ACT Civil and Administrative Tribunal Act 2008*.

ACAT file number

**XD**

**Applicant Respondent**

# **PERSON SEEKING TO BE JOINED**

For multiple applicants, please complete a separate application for each.

**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.

# **AUTHORISED REPRESENTATIVE (IF ANY)**

A representative who is not a lawyer must also lodge a *Power of Attorney* (for an individual) or 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 application 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.

1. **TYPE OF APPLICATION**

If this is a review of a Development Application under the *Planning and Development Act 2007*, did you make a representation to the ACT Planning and Land Authority about the Development Application?

[ ]  **Yes**

[ ]  **No**

[ ]  **Not Applicable**

# **DESCRIBE YOUR INTEREST IN THE APPLICATION**

# Set out your reasons for applying to be joined as a party to the proceedings (attach extra page if needed).

1. **NOTIFICATION**

Have you notified the applicant and respondent that you are seeking to be joined to this matter as a party?

[ ]  **No**

[ ]  **Yes.** If yes, when:

# **DO YOU WISH TO BE JOINED AS AN APPLICANT?**

 You can only be joined as an applicant if you were entitled to apply to the ACAT under the authorising law as an applicant.

[ ]  **Yes**

[ ]  **No**

1. **HEARING**

What dates are you **not** available to attend ACAT in the next 4 weeks?

**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 party seeking to be joined or representative

Name of person

signing

 Date

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

# **CHECKLIST**

***Application for Order to be Joined as a Party***form (available at [www.acat.act.gov.au](http://www.acat.act.gov.au/)) is correctly filled out including:

* Your name and full contact details, including email address
* Your interest in the main application is set out
* This form is signed and dated by you or your authorised representative.

**Authorised representative**

**□**

A representative who is not a lawyer must be correctly authorised. If the party being represented is:

* an **individual**, a *Power of Attorney* for the representative is required; and
* a **corporation** or a **different legal entity**, an *Authority to Act for a Corporation* is required.

These forms are available on the ACAT’s website ([www.acat.act.gov.au](http://www.acat.act.gov.au)). If the application is signed by the representative, written authorisation should be provided to the ACAT when the application is lodged.

**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.** The ACAT accepts cash, bank cheque and credit card payments over the counter, and bank cheque or credit card payments via post.

**□**

**OR**

**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](http://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.

**□**

**Do you need assistance?**

If the applicant, respondent or joined party 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](https://www.acat.act.gov.au/) for information about:

* What to expect
* Case types
* 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