

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**CONTRACT APPLICATION-  
CIVIL DISPUTE**

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APPLICANT'S DETAILS	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
If a corporation: ACN/ABN Address of registered officer/public officer	
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
RESPONDENT'S DETAILS	
Name	
Address line 1	
Address line 2	
If a corporation: ACN/ABN Address of registered officer/public officer	
Telephone	Email: Fax:

**Details of dispute** (set out the details of the contract and the dispute)  
 \*You **MUST** specify when the contract was made and when the dispute arose


**Remedy sought** (Please describe here the details of any orders you are seeking and also the details of any amounts that you seek compensation for as a result of the trespass).


Amount	Reason claimed
	Fee for commencing proceedings
	Charges and out-of-pocket expenses
	Amount claimed in dispute
	<b>AND INTEREST IS CLAIMED</b>
	<b>TOTAL AMOUNT OF APPLICATION</b>
<b>Applicant's signature</b>	<b>Date</b>

Approved Form AF2009-61 approved by L Crebbin (General President) and B Stefaniak (Appeal President) on 30 January 2009 under section 117 of the *ACT Civil and Administrative Tribunal Act 2008*.  
 Authorised by the ACT Parliamentary Counsel—also accessible at [www.legislation.act.gov.au](http://www.legislation.act.gov.au)