

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**RESPONSE-  
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:

**Admission of liability**

I admit liability

- in whole or
- in part

and agree to the entry of judgment on the following terms:

Judgment is to be entered in the amount of: \$\_\_\_\_\_

The following amount is paid into court: \$\_\_\_\_\_

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

\_\_\_\_\_

The following orders are to be made:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***If liability is not admitted***

**Disputed claim**

I dispute the applicant's claim on the following grounds (*please attach page if insufficient space*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*If the respondent has a counterclaim or set-off*

**Counterclaim [and set-off]**

The following counterclaim and set-off is made: \$ \_\_\_\_\_

*Set out briefly the grounds of the counterclaim and set-off*

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Date:

Signature of respondent or respondent's representative

Name of respondent or respondent's representative: \_\_\_\_\_