

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**THIRD PARTY NOTICE-
CIVIL DISPUTE**

/

THIRD PARTY DETAILS	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
If a corporation: ACN/ABN Address of registered officer/public officer	
THIRD PARTYS 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:

Claim against third party

The applicant has brought a claim against the respondent, particulars of which are stated in the documents served on you with this notice.

The respondent claims against you a contribution or indemnity/claims against you relief as stated in this notice/requires an issue stated in this notice to be decided not only as between the applicant and respondent but also between either of them and you.

Grounds of claim against third-party: *(attach page is space insufficient)*

Set out briefly the grounds of the claim against the third party

Relief sought:

Set out relief sought

Date: _____

Signature: _____

Name: _____