

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**APPLICATION FOR DEFAULT
JUDGEMENT- CIVIL DISPUTE**

/

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:

To the Registrar:

The applicant applies for judgment against the respondent.

Amount stated in claim

Fee for commencing proceedings:	\$
Charges and out-of-pocket expenses:	\$
Amount claimed:	\$
Particulars of interest:	
• period(s) for which interest is claimed:	
• rate(s) at which interest is claimed:	
• total interest accrued to date:	\$
Total:	\$

Debt declaration

Fee for commencing proceedings:	\$
Charges and out-of-pocket expenses:	\$
Total amount in relation to which declaration is sought:	\$

Amount not stated in claim—damages to be assessed

The applicant applies for judgment in relation to—
the whole application.

the following part of the application:

(set out the part of the claim for which judgment is sought)

Date: _____

Name: _____

Signature: _____