

Response – Civil Dispute

ACAT File Number:	XD
(ex	Do not make payments to ACAT with this response cept for the filing fee if you are lodging a counter claim)
	If you do not file this response within 21 days of receiving the application, judgment may be entered against you.
Applicant Name:	
Respondent Name:	
Respondent Contact	Details
(For multiple respondents, attach deta	ails on a separate page)
Postal Address:	
Preferred phone number:	
Alternate phone number:	
Email: (preferred address for service)	
If a company: ACN/ARBN and address of registered office	
Respondent Represe	entative Details (If any)
(any representative who is not a lawy	er should file an Authority to Act for a Corporation or Power of Attorney providing authorisation to represent the respondent)
Name:	
Address:	
Preferred phone number:	
Alternate phone number:	
Email: (preferred address for service)	

Response to Application Indicating your response: Please indicate your response: Complete Section A if you are agreeing with the claim against you and admitting liability. Complete Section B if you are disputing the claim against you. Admission of liability (complete Section A) Note: Please complete either Section A or Section B. Complete Section A and B if you are admitting liability in part, and dispute the remainder. Disputed claim (complete Section B) Counter claim (complete Section C) • Amount of counter claim **Response to Application** Complete Section A or Section B (please attach page if insufficient space): Section A: Admission of liability (Complete Section A if you are agreeing with the claim against you and admitting liability): I admit liability: in whole or in part and agree to the entry of judgment in the following terms: Judgment is to be entered in the amount of: \$ 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:

Or

Section B: Disputed claim (Complete Section B if you are disputing the claim against you).

I dispute the applicant's claim on the following grounds:

Complete this section if you believe that you have a claim against the applicant with respect to this matter (please attach page if insufficient space): What is the counter claim about?
Please state a brief history of the dispute, including the reasons for the claim:
Orders sought (for counter claim)
(For multiple respondents, attach details on a separate page)
Please describe the orders you want ACAT to make including the details of any amounts you want paid to you.
THE RESPONDENT APPLIES FOR THE FOLLOWING ORDERS (complete Part A and/or Part B):
Part A
☐ Monetary claim. Details of amounts claimed are below:
DETAILS OF AMOUNTS CLAIMED
Amount
Amount claimed
ACAT filing fee
Search or hearing fees
Any other amount claimed
Particulars of Interest:
Please indicate the preferred method of interest calculation:
Interest to be determined by the Tribunal is claimed in accordance with the Court Procedures Rules 2006 and ACAT Procedural Directions.
Provide beginning date for interest calculation: or attach worksheet specifying amounts and dates relied upon).
OR
Contractual Interest is claimed. Please attach interest schedule used to calculate interest. Include information on the period(s) for which interest is claimed. (Also attach contract or excerpt of contract that authorises contractual interest to be claimed).
Total amount of interest accrued to date:
It is important to provide as much information as you can. The Statement of Interest Claimed Worksheet (available from www.acat.act.gov.au) may be used and attached to your application if more space is required.
TOTAL AMOUNT OF CLAIM:

Section C. Counter claim (note a filing fee is payable for a counter claim)

For any other orders sought: I am claiming the delivery of goods AND/OR Other orders are sought for the resolution of any other dispute (give details below – or attach details on a separate page where more space is required):

AVAILABILITY

Part B

Please indicate times or dates in the next 10 weeks that you or your representative may not be available for any conciliation process or hearing.

All respondents to complete

Signature of respondent or respondent's representative:
 (Where this is a joint response filed for two or more respondents, all respondents must sign the response).

Name of respondent or respondent's representative:

(Any representative who is not a lawyer must be properly authorised by an Authority to Act for a Corporation or Power of Attorney)

Date:

Checklist for Respondents

Response - Civil Dispute form (available at www.acat.act.gov.au) has been correctly filled out including:
Respondent's name and full contact details, including postal and email address are completed
 Form is signed and dated by all respondents or the respondent's authorised representative. Where there is more than one respondent: Joint response: all respondents to sign Not a joint response: each respondent to file own response.
• ACAT reference number is quoted. This can be found at the top right hand of your Notice to Respondent of Dispute and will start with the letters "XD"
If applicable, acceptance of liability is indicated and the orders agreed to are outlined
If applicable, grounds for disputing the claims made against you are outlined.
Form is submitted to the ACAT before the deadline outlined in the Notice of Dispute.
If applicable, <i>Power of Attorney</i> to represent an individual, or <i>Authority to Act for a Corporation</i> to represent a corporation or incorporated association, has been completed (available at www.acat.act.gov.au) and to be filed with the response.
If a counter claim is being lodged:
The nature of the dispute is clearly identified
Copies of relevant documents that you will rely on for your counter claim are attached. Examples may include:
 » Correspondence between parties » Receipts, invoices and/or quotes » Particulars of financial loss.
Correct lodgement fee is ready to be provided with counter claim. The ACAT accepts cash, bank cheque and credit card payments over the counter, and bank cheque or credit card payments via post. Information on fees payable is available at www.acat.act.gov.au .
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 or deferral of fees. Information on fee waivers is available at www.acat.act.gov.au .