# APPLICATION FOR ORDER BY VICTORIAN LEGAL SERVICES COMMISSIONER OR BOARD $\begin{array}{c|c} VCAT & \text{victorian civil & administrative tribunal} \\ \hline \\ BY VICTORIAN LEGAL SERVICES COMMISSIONER OR BOARD \\ \hline \end{array}$

## ABOUT THIS FORM

Use this form only if you are the Victorian Legal Services Commissioner or the Victorian Legal Services Board and applying to VCAT for an order in the Legal Practice List.

WHO IS MAKIN	NG THIS APPLICATION?
1. Details of your o	
Organisation nan	ne
Contact person a	and reference
Street address	
Suburb	State Postcode
Phone number	
Email	
WHO ARE YOU	J MAKING AN APPLICATION AGAINST?
The respondent is the	ne person, organisation or company you are making your application against.
2. Is the responder  Individual Organisation	nt an individual, organisation or company? or company
3. Details of respon	ndent:
Given names	
Family name	
Organisation nan	ne (if applicable)
Street address	
Suburb	State Postcode
Phone number	
Email	

# WHAT ORDERS ARE YOU SEEKING?

	Provide a summary of the orders you want VCAT to make. You must attach two copies of a full application for order.  Include a reference to the Act and relevant section number, or other legislative provision.
Н	EARING ARRANGEMENTS
	e offer a range of support services for people with disability, language difficulties and to help with cessibility. Let us know of your needs so we can make arrangements for the hearing.
5.	Does anyone mentioned in this application need special assistance at the hearing?  Help accessing the venue (e.g. wheelchair access)
	☐ Interpreter required
	Language:
	Assisted communication (e.g. assistive listening device or hearing loop)
	Attend the hearing by phone or video link
	Provide more detail about who needs the forms of assistance you have indicated and why.
	Other  Provide more detail about who needs the forms of assistance you have indicated and why.

ACKNOWLEDGEMENT
By completing this application, I understand and acknowledge that:  To the best of my knowledge, all information provided in this application is true and correct.  It is an offence under section 136 of the <i>Victorian Civil and Administrative Tribunal Act 1998</i> to knowingly give false or misleading information to VCAT.
Full name of person completing this form:
Date of acknowledgement (DD/MM/YYYY):
FURTHER STEPS TO TAKE
You must do the following:  Attach two copies of the full application for order.  Keep a copy of this application for your own records.
FEE PAYMENT
Complete this section unless you wish to pay using another method. For other payment options, see www.vcat.vic.gov.au/howtopay.
Choose the fee level: Standard Corporate Concession
Fee amount charged \$
Card details
Cards accepted:
Cardholder name:
Card number:
Card expiry (mm/yy): /

## SUBMITTING THIS APPLICATION

If you have supplied your credit card details, send your completed form to us by post or give it to us in person.

If you have not provided your credit card details on this form, you can submit your application to us by email, post or in person.

To protect yourself, do not send credit card details over email.

#### By email

Email admin@vcat.vic.gov.au

#### By post

Send to:

The Registrar Legal Practice List Victorian Civil and Administrative Tribunal GPO Box 5408 Melbourne VIC 3001

#### In person

Go to:

Victorian Civil and Administrative Tribunal Ground Floor, 55 King Street, Melbourne VIC 3000 Office hours: 8.30am to 4.30pm Monday to Friday (except public holidays)

#### PRIVACY INFORMATION

For a copy of VCAT's privacy statement, go to www.vcat.vic.gov.au/privacy.

### WHAT HAPPENS NEXT

After we receive your application and payment, we will open a VCAT case.

We will serve (send) a copy of your application and any supporting documents on the respondent.

We will tell you in writing what happens next.

Contact us if you do not hear from us within two weeks of submitting your application.