

Civil Claims List Melbourne VIC 3000 Phone 1300 01 8228 1300 01 VCAT email: civil@vcat.vic.gov.au

APPLICATION TO THE CIVIL CLAIMS LIST

PRIVACY STATEMENT

A copy of VCAT's privacy policy is available on the VCAT Website - www.vcat.vic.gov.au/privacy

GETTING STARTED

WHO CAN MAKE THIS APPLICATION?

Consumers, traders, companies, registered businesses, incorporated associations and trustees of trusts can make this application about disputes arising from the purchase of goods and services for private or business use, the supply of services in trade or commerce, alleged breaches of the consumer laws and other disputes arising from the supply of goods or services.

READ THE GUIDE "MAKING AN APPLICATION TO THE CIVIL CLAIMS LIST AT VCAT" FOR MORE INFORMATION. Fields marked with an asterisk (*) must be completed.

WHICH ACT/S ARE YOU MAKING THIS CLAIM UNDER?
(Read the Guide for more information) Please select at least one Act *
Australian Consumer Law and Fair Trading Act 2012
Other, please specify
Are you making this application in response to another VCAT application that has been served on you?
No Yes - Provide VCAT reference number
Are you making this application in response to a claim made by a supplier in a Victorian court (not VCAT)? Yes You must lodge this form (in person or by mail) and pay the application fee and the transfer application fee, or apply for fee relief. You must also attach a copy of the court documents and pay into the VCAT suspense account (by money order or in person) the full amount claimed against you in the court proceeding.
Are you seeking an injunction?
No Yes - There is an additional fee if you are applying for an injunction.
CLAIM AND PAYMENT DETAILS
How much is your claim? \$
Please enter the amount you are claiming in the box above (or if not claiming an amount enter the approximate value of your claim. The amount you claim will determine the application fee payable. To check the current fee, go to the VCAT website at www.vcat.vic.gov.au.
WHO IS MAKING THIS APPLICATION?
The applicant is the person who makes this application. As applicant are you: *
an individual an individual trading under a business name a company a trustee an incorporated association
Do you want VCAT notices and correspondence emailed to you? No Please make sure your email address on page 2 is correct
If you are an individual -
First name * Last name *



Who is making this application? (continued.)	
Do you wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?	
If you are an individual trading under a business name -	
First name * Last name *	
Business Name *	
ABN *	
If you are a company -	
Company name * trading as	
ABN or ACN *	
If you are a trustee -	
First name * Last name *	
OR if trustee is a company	
Company name *	
ABN or ACN *	
AND in either case Name of trust *	
If you are an incorporated association - Name of association* Organisation No.*	
What is your address?	
Address *	
Suburb * State *	Postcode *
How can VCAT contact you?	
Name of contact person *	
Daytime telephone *	
Email	
Are you represented by a lawyer or a professional adve	ocate?
No Yes: complete information below	
Name of law firm or professional advocate	
Address	
Suburb State	Postcode
Name of contact person	
Daytime telephone Fax	
Email	
Is there another applicant making this application witl	h you?
No - go to page 4 and complete section "Who are you making this claim against?"	•
Yes - Complete section "Second applicant's details" on page 3	
(If more than two applicants, photocopy page 3 and complete for each applicant)	



SECOND APPLICANT'S DETAILS If more than two applicants copy this page, complete and attach

If the second applicant is an individual -		
First name *	Last name *	
Does the second applicant wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?	of	No Yes
If the second applicant is an individual trading under	a business name) -
First name *	Last name *	
Business name *		
ABN *		
If the second applicant is a company -		
Company name *	trading as	
ACN or ABN *		
If the second applicant is a trustee -		
First name *	Last name *	
OR if trustee is a company		
Company name *		
ACN or ABN *		
AND in either case		
Name of trust *		
If the second applicant is an incorporated association	า-	
Name of association *	Organisation No. *	\$
What is the second applicant's addre	ess?	
Address (or "as for first applicant")		
Suburb	State	Postcode
How can VCAT contact the second a	pplicant?	
Name of contact person (or "as for first applicant")		
Daytime telephone *		Fax
Email		
Is the second applicant represented	by a lawyer	or a professional advocate?
No Yes, same as first applicant	t	Complete below if different from first applicant
Name of law firm or professional advocate		
Address		
Suburb	State	Postcode
Name of contact person		
Daytime telephone		Fax
Email		



WHO ARE YOU MAKING THIS CLAIM AGAINST?

The respondent is the person you are making this application against. Is the	e respondent: *	
an individual an individual trading under a business name	2	
a company a trustee an incorporated	dassociation	
If the respondent is an individual -		
First name * Last name *		
If the respondent is an individual trading under a business name -		
First name * Last name *		
ABN *		
Business name		
If the respondent is a company -		
Company name * trading as		
ACN or ABN *		
If the respondent is a trustee -		
First name * Last name *		
OR if trustee is a company		
Company name *		
ACN or ABN *		
AND in either case		
Name of trust *		
If the respondent is an incorporated association -		
Name of association * Organisation no. *	:	
What is the respondent's address and contact of	details?	
If the respondent is an individual - provide a street address (PO Box is not sufficient) If trading under a business name - provide address for service of documents as on the ASIC Business Name Extract (see page 8) If a company - provide address of Registered Office as on the ASIC Company Extract (see page 8) If an incorporated association - provide address on CAV Extract (see page 8)		
Address *		
Suburb * State *	Postcode *	
Telephone (if known)	Fax (if known)	
Email (if known)		
Is the respondent represented by a lawyer or a	professional advocate?	
Yes: complete information below No Don't know		
Name of law firm or professional advocate		
Address		
Suburb State	Postcode	
Name of contact person		
Daytime telephone	Fax	
Email		



Are you claiming against another respondent?		
No - go to page 6 Yes - Complete section	"Second respondent	s's details" below
SECOND RESPONDENT'S DETAILS If m	ore than two respor	ndents copy this page, complete and attach
If the second respondent is an individual -		
First name *	Last name *	
If the second respondent is an individual trading ur	nder a business nan	ne-
First name *	Last name *	
Business name *		
ABN *		
If the second respondent is a company -		
Company name *	trading as:	
ACN or ABN *		
If the second respondent is a trustee -		
First name *	Last name *	
OR if trustee is a company		
Company name *		
ACN or ABN *		
AND in either case		
Name of trust *		
If the second respondent is an incorporated associ	ation -	
Name of association *	Organisation No. *	
What is the second respondent's ac	ddress and co	ontact details?
If the second respondent is an individual - provide a street address (PO Box is not sufficient) If trading under a business name - provide address for service of documents as on the ASIC Business Name Extract (see page 8) If the second respondent is a company - provide address of Registered Office as on the ASIC Company Extract (see page 8) If an incorporated association - provide address on CAV Extract (see page 8)		
Address *		
Suburb *	State *	Postcode *
Telephone (if known)		Fax (if known)
Email (if known)		
Is the second respondent represented by a lawyer or a professional advocate?		
Yes: complete only if different from first responde	nt No	Don't know
Name of law firm or professional advocate		
Address		
Suburb	State	Postcode
Name of contact person		
Daytime telephone		Fax
Email		



CLAIM DETAILS			
What is your claim about?	Goods	Services Goo	ods and services
What types of goods were bought, sold or giv (e.g. computers; refrigerators; accounting serv			
When were the goods bought or sold and/o	or the services supplied?	dd / mm / 20 y y	
Where were the goods bought or sold and/	or the services supplied?		
When did you become aware of the probler	n or defect?	dd / mm / 20 y y	
What was the price of the goods and/or serv	vices?	\$	
How much has been paid for the goods and	/or services to date?	\$	
What is the problem with t	he goods and/or s	services?	
Briefly describe the problem. Be clear and in If claiming payment of money, you must inc If you do not provide enough information th If the hearing is adjourned you may need to If you need more space, include an extra sho	clude details of each amount he hearing may be adjourned t pay a hearing fee for any adjo	claimed. to allow the respondent to prepare a	



What orders do you want VCAT to make? How much is your claim? Please enter the amount you are claiming in the box above (or if not claiming an amount enter the approximate value of your claim) and tick the order you want below. The amount you claim will determine the commencement fee payable. To check the current fee, go to the VCAT website at www.vcat.vic.gov.au/fees. An order that the respondent pay me the amount of my claim An order that I do not owe the respondent the amount of my claim An order that I reject the goods and get a refund or replacement in the amount of my claim An order that the respondent performs the obligations under a contract An order that the respondent repairs goods, the value of repairs being the amount of my claim An order that the respondent delivers or returns goods to the value of my claim An order that the respondent does work or provides services to the value of my claim An order that I cancel the services and get a refund in the amount of my claim An order to cancel the sale of a car I bought for \$40,000 or less, to the value of my claim An order to declare unfair a term in a consumer contract Other please specify Why do you want these orders? Please tick any statements below that are relevant to your claim. The respondent has not paid me for my goods/services The goods/services do not fulfill all the purposes which I made known to the salesperson or supplier which would have been known to the salesperson or supplier The goods are not fit for all the purposes for which goods of that kind are commonly supplied The goods do not match the sample or demonstration model The goods are not of acceptable quality The goods are not acceptable given the nature of the goods, the price of the goods, the statements made about the goods on the packaging and label and/ or the representations made about the goods by the salesperson The goods do not match their description on the website/catalogue/order form/other The respondent/ the respondent's representative misled me about the goods/services The goods were sold to me without clear title or had undisclosed securities The manufacturer of the goods was unable to repair them or provide me with spare parts An extra promise was made to me that has not been honoured The product resulting from the service did not fulfil the purpose which I made known to the salesperson or would have been known to the salesperson The service was not rendered with due care and skill The service was not supplied in a reasonable time The respondent made a false or misleading representations in connection with or when promoting the service The respondent breached the contract to provide goods/services for the reasons set out in the section "What is the problem with the goods and/or services" above.



HEARING ARRANGEMENTS Do you or any other person appearing at the hearing need special assistance? Yes – specify what special assistance is needed below hearing loop interpreter - who needs an interpreter? First name Last name Language/dialect security other (e.g. assisted access) - please specify SUPPORTING DOCUMENTS YOU MUST ATTACH TO THIS APPLICATION: IF THE RESPONDENT IS AN INDIVIDUAL TRADING UNDER A BUSINESS NAME -An extract of the respondent's business name showing the address for service of documents Details of how to obtain a Business Name Extract are at www.asic.gov.au IF THE RESPONDENT IS A COMPANY -An ASIC Company Extract showing the address of the Registered Office of the company Details of how to obtain a Company Extract are at www.asic.gov.au IF THE RESPONDENT IS AN INCORPORATED ASSOCIATION WITHIN THE MEANING OF THE ASSOCIATIONS INCORPORATION REFORM ACT 2012 (VIC) -An extract from the Register of Incorporated Associations held by Consumer Affairs Victoria Details of how to obtain an Incorporated Associations Extract from CAV are at www.consumer.vic.gov.au If the respondent is an individual, you do not need any supporting documents. Do not include other documents with the application. You will receive information from VCAT about sending them to the respondent before the hearing and providing a copy to VCAT at the hearing. APPLICATION CHECKLIST I have attached a recent ASIC Company or Business Name Extract (if the respondent is a company or trading under a business name) or an Incorporated Association Extract from CAV I have paid and attached the relevant application fee or I have applied for a fee waiver I HAVE MADE A COPY OF THIS APPLICATION FOR MY OWN RECORDS



ACKNOWLEDGMENT

By completing this application, you understand and acknowledge that:

- to the best of your knowledge, all information provided in this application is true and correct.
- it is an offence under section 136 of the Victorian Civil and Administrative Tribunal Act 1998 to knowingly give false or misleading information to VCAT.

Date dd / mm / 20 20 y y

HOW CAN YOU LODGE THIS APPLICATION?

Posting it to: VCAT GPO Box 5408 Melbourne VIC 3001 Delivering it in person to: Ground Floor, 55 King Street Melbourne VIC 3000 Monday - Friday 8.30am - 4.30pm

WHAT HAPPENS NEXT?

We review your application and contact you if we need more information. We tell you whether VCAT accepts your application.

For disputes between \$500 and \$10,000

You may get a call from the Dispute Settlement Centre of Victoria if we decide your case is suitable for Fast Track Mediation and Hearing. The Dispute Settlement Centre is a state-wide dispute resolution service for both community and civil disputes. Find out more at vcat.vic.gov.au/fast-track.

We send you a VCAT Notice

We send you and each respondent a Notice that states the time, date and place for a mediation, compulsory conference, directions hearing or hearing.

The notice has important information about what you must do and how to prepare.

Use the VCAT reference number

We give the case a VCAT reference number. You must use this number in all correspondence and on all documents relating to the case. The VCAT reference number starts with a 'C' and ends with the year the application is lodged – for example, C1234/2019.

Send your documents to the other party

By law, when you send documents to VCAT related to your case you must also send them to the other party, so the proceeding is open and fair. How to do this and by when will be explained in the Notice that we send you.



ABOUT VCAT FEES

VCAT fees are charged according to three levels:

- **corporate fees** for businesses and companies with a turnover of more than \$200,000 in the previous financial year, corporate entities and government agencies
- **standard fees** for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$200,000 in the previous financial year. Companies must provide a statutory declaration to support this claim
- concession fees for people who hold the Australian Government Health Care Card. You must provide a copy of your card with your application.

To find out if you need to pay an application fee and how much it costs, visit the fees page at www.vcat.vic.gov.au

FEE RELIEF
We can reduce or not charge (waive) a VCAT fee in certain circumstances.
Some people are automatically entitled to a full fee waiver. You can also apply for fee relief if paying the fee would cause you financial hardship.
Visit www.vcat.vic.gov.au/feerelief for more information about fee relief.
Are you applying for fee relief?
No - complete Fee payment section
Yes - complete Fee relief form and attach it to this application form
FEE PAYMENT
Complete this section unless you are applying for fee relief or no fee is payable.
Choose the fee level:
Standard Corporate Concession
Fee amount charged: \$
CARD DETAILS
Cards Accepted: * VISA MasterCard
Cardholder Name: *
Card Nu mber: *
Card Expiry: * mm / yy

REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO OTHER PARTIES