

Form 57 Version 1	Application starting a proceeding – Other than Chapter 12 approved form <i>Industrial Relations Act 2016, sections 527 & 989</i> <i>(This form to be used for starting a proceeding other than under Rules 189, 190, 193, 194, 195, 196, 197, 198, 199, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, & 219 or where there is no other approved form under Chapter 12).</i>	Rules – Part 14
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[INDUSTRIAL COURT OF QUEENSLAND]
[QUEENSLAND INDUSTRIAL RELATIONS COMMISSION]

Industrial Relations Act 2016

(Matter No. /20 /)

APPLICATION [FOR] [TO]

(short description of nature of the document eg ELECTION INQUIRY)

TO: The Industrial Registrar, Industrial Registry, Level 21, Central Plaza 2, 66 Eagle Street, (Corner Creek and Elizabeth Streets), Brisbane 4000, GPO Box 373, Brisbane Q 4001
Phone: (07) 3227 8060 Fax: (07) 3221 6074

TAKE NOTICE that I of
(full name of applicant) *(address)*
, [being authorised to represent]
(name of organisation, corporation, association department, etc)

APPLY to the [Court] [Commission] for:

1. and
(State object of application and any relevant section of the Act, Regulation or Rules)
2. The following decision:
(Set out the decision sought in consecutively numbered paragraphs, Where the decision is under a rule or a particular section of the Act, state the rule number or the Act and section relied on); and
- [3. (i) The ballot for which this application is made is
(details of the ballot)
(ii) The claimed irregularity in the ballot is
(give details of the irregularity); and]

[3][4][Further I apply for directions as to the conduct of this application in relation to the following matters -]

- [(a) parties;]
- [(b) service of documents;]
- [(c) nature of hearing;]
- [(d) place and time of hearing;]
- [(e) ; and
(any other directions required)

[4][5]. Further, I, [make oath and say] [solemnly and
(if a representative – capacity and authority to make the affidavit, R. 11(b))
sincerely affirm and declare] as follows –

(a) [(i) I [am][was] a financial member of _____ [within 1 year
(name of organisation)
before making this application]]

[(ii) The prescribed information for the election was filed under section 669 of the Act on
(day, month and year).]

[(iii) The election ended on
(day, month and year).]

[(b)]

(State concisely and in consecutively numbered paragraphs the material facts relied on to support the application and any other matters required under R.11.)

All the facts claimed in the application and the facts and circumstances deposed to in this my affidavit are true to the best of my knowledge and belief.

(if the affidavit extends over more than 1 page, at the foot of the first and every other page except the last)

[Page 1]

[Signed _____ [Taken by
(deponent to sign) (person before whom affidavit is sworn)]

(At the end of the body of the affidavit)

(Signature)
Deponent

[SWORN] [AFFIRMED] by the deponent at _____ on _____
(place) (day, month and year)

before me:

(Signature)
[Justice of the peace][commissioner for declarations][lawyer] (other qualified person)

TO RESPONDENT(S):

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend the [court] [commission] in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

PARTICULAR OF THE APPLICANT[S]

Name:

Title of office:

Organisation:

Residential or business address:

Applicant's address for service:

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

[IF APPLICANT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this Application, R.13(1)(l))*

Applicant's agent's name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF RESPONDENT *(the following information must be provided - if known. If there is more than one respondent the information must be given for all respondents)*

Name:

Position, title, office: *(if applicable)*

Organisation, association: *(if applicable)*

Business address:

Respondent's address for service:

Respondent's phone number or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and organisation, corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]