



NUMBER:

Form 67 – IM notice of appeal

Workers' Compensation and Rehabilitation Act 2003, sections 548A(2) and 549
Industrial Relations (Tribunals) Rules 2011, rules 8(4), 112(1)(a) and (2)
Version 3

Appellant: **(NAME OF APPELLANT IN MATTER)**

AND

Respondent: **(NAME OF RESPONDENT IN MATTER)**

This is an appeal to the Industrial Magistrates Court against [the whole] [part] of the decision of the Workers' Compensation Regulator

1. The Appellant:

| | | | |
|-----------------------------|--|-------------------|--|
| Title | | | |
| Name | | | |
| Name of organisation | | | |
| Postal address | | | |
| Suburb/Town | | Postcode | |
| Phone number | | Fax number | |
| Mobile number | | | |
| Email address | | | |

(a) Does the Appellant have a representative?

- Yes - Provide representative's details below and file a Form 33 or 34
 No

(b) The Appellant's Representative

| | | | |
|-------------------------------|--|-------------------|--|
| Name | | | |
| Organisation | | | |
| Name of contact person | | | |
| Postal address | | | |
| Suburb/Town | | Postcode | |
| Phone number | | Fax number | |
| Mobile number | | | |
| Email address | | | |

2. The Respondent

The Appellant must serve a copy of this Appeal on all parties to the Appeal.

| | | | |
|-------------------------------|--|-------------------|--|
| Name of Respondent | | | |
| Name of contact person | | | |
| Postal address | | | |
| Suburb/Town | | Postcode | |
| Phone number | | Fax number | |
| Mobile number | | | |
| Email address | | | |

3. DETAILS OF DECISION APPEALED AGAINST:

| | |
|---|--|
| Date of decision (<i>day, month, year</i>) | |
| Description of parties involved: (<i>eg: full names and titles</i>) | |
| Date notice of review decision given: (<i>day, month, year</i>) | |

NOTE: A copy of the decision and the notice of the decision including the reasons for making or not making the decision, directive must be attached to the notice of appeal

4. GROUNDS OF THE APPEAL (*specify briefly the grounds of the appeal*)

5. FACTS RELIED ON (*specify briefly the facts you rely on to support your appeal*)

6. **DECISION SOUGHT** (*specify the decision sought in lieu of that appealed against including any special order as to costs*)

| |
|--|
| |
|--|

7. **SIGNATURE**

| | |
|------------------|--|
| Signature | |
| Name | |
| Date | |

NOTE: This notice of appeal must be served on the Workers' Compensation Regulator

TO APPELLANT

TAKE NOTICE that for an appeal about an amount of premium specified in a premium notice, the appellant is limited to the grounds of appeal and the facts relied on in this notice and must pay the premium specified in the notice before filing the IM notice of appeal, *Workers' Compensation and Rehabilitation Act 2003*, section 551(3) and (4).

TO RESPONDENT:

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the 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.