



INDUSTRIAL
MAGISTRATES COURT

NUMBER:

Form 68 - Application for claim before an Industrial Magistrate

Version 2

Claimant: (NAME OF CLAIMANT IN MATTER)

AND

Defendant: (NAME OF DEFENDANT IN MATTER)

This is an Application to the Industrial Magistrates Court, pursuant to [section 506 of the *Industrial Relations Act 2016*] [section 580/581 of the *Workers' Compensation and Rehabilitation Act 2003*].

1. The Claimant:

Title			
Name			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

2. The Defendant

The Claimant must serve a copy of this Application on the Defendant

Name of Defendant			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

3. SUBJECT MATTER OF THE CLAIM:

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Whereupon the claimant applies to the Industrial Magistrate for an order directing the defendant to pay in full the amount unpaid, particulars of which are attached.

Claimant

Signature	
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Made before me at:		
on:		
Signature		Justice of the Peace
Date		

SUMMONS

To	
Address	

Whereas the above application for a claim has been made before me:

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You are hereby commanded, in Her Majesty's name to appear before an Industrial Magistrate to answer the said application for a claim and to be further dealt with according to law.

Industrial Magistrates Court at			
Address			
Time		Date	

Given under my hand at:		
on:		
Signature		Justice of the Peace
Name		
Date		

SCHEDULE 1 – PARTICULARS OF AMOUNTS PAYABLE

(Schedule 1 must state details of the amounts payable in itemised form showing the dates the amounts claimed became payable, how each calculation was made and the total amount claimed, R.76).

1. WAGES PAYABLE

Date Payable From:		Date Payable To:	
Wages and allowances:		\$	
Overtime:		\$	
Other:		\$	
Total:		\$	
Less amount paid:		\$	
Amount unpaid:		\$	

2. ANNUAL LEAVE PAYABLE

Annual Leave			
Date Payable From:		Date Payable To:	
Number of weeks:			
Weekly rate:		\$	
Plus 17.5% loading (if applicable):		\$	
Total Annual Leave:		\$	
Pro rata Annual Leave			
Date From:		Date To:	
Total ordinary earnings (to multiply by 1/12)		\$	
Plus 17.5% loading (if applicable):		\$	
Total Pro rata Annual Leave:		\$	
Totals			
Total Annual Leave + Total Pro rata Annual Leave		\$	
Less amount paid:		\$	
Amount unpaid:		\$	

3. WAGES PAYABLE IN LIEU OF NOTICE

Number of weeks notice required:			
Number of weeks notice given:			
Weeks payable in lieu of notice:			
Date of termination			
Weekly Rate of Pay:		\$	
Date of birth:			
Date employed from:		Date employed to:	
Length of employment:			
Total:		\$	
Less amount paid:		\$	
Amount unpaid:		\$	

4. SEVERANCE ALLOWANCE PAYABLE

Number of weeks severance allowance payable:	
Number of years continuous service	
Weekly Rate of Pay:	\$
Total:	\$
Less amount paid:	\$
Amount unpaid:	\$

5. SUMMARY OF AMOUNT PAYABLE

1. TOTAL UNPAID WAGES:	\$
2. TOTAL UNPAID ANNUAL LEAVE:	\$
3. TOTAL UNPAID IN LIEU OF NOTICE:	\$
4. TOTAL UNPAID SEVERANCE ALLOWANCE:	\$
TOTAL AMOUNT UNPAID:	\$

AFFIDAVIT OF SERVICE

Party on whose behalf this document is filed			
Family Name		Given Name	
OR			
Organisation or Company			

Name, address and occupation of person serving the documents			
Family Name		Given Name	
Address			
Occupation			

Person/Organisation/Company served			
Family Name		Given Name	
OR			
Organisation or Company			
AT <i>(give address at which documents were served)</i>			
Address			

Time and Date documents were served			
Time		Date	
What documents were served? (<i>attach copies</i>)			
How were the documents served? (<i>tick box and complete details</i>)			
<input type="checkbox"/>	I handed them to the person at the above address		
<input type="checkbox"/>	I attempted to hand them to the person at the above address		
<input type="checkbox"/>	The person refused to accept them. I put them down and left them in the presence of the person and said		
If you handed the documents to the person to be served or put them down in their presence, indicate how you identified the person (<i>tick the box</i>)			
<input type="checkbox"/>	I know the person		
<input type="checkbox"/>	I saw the person sign an acknowledgment that they were the person to be served or authorized to accept service		
<input type="checkbox"/>	I had the following conversation relating to the person's identity		
<input type="checkbox"/>	I left them with a person apparently living at the address and who appeared to be 18 years or over.	Name of person	
		At Address:	
<input type="checkbox"/>	I left them in a position where they were reasonably likely to come to the attention of the person to be served because		
<input type="checkbox"/>	there was no one in attendance at the address	<input type="checkbox"/>	The address is within a building or area to which I have been denied access
<input type="checkbox"/>	I sent them by [pre-paid ordinary post] [registered post] in an envelope addressed to	Name	
		Address	
<input type="checkbox"/>	I faxed them to	Fax number	

<input type="checkbox"/>	Other (<i>give details</i>)	
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I [swear] [affirm] that the facts set out above are true.

Signature	
Name	
Date	

Taken by:

Sworn/Affirmed by the deponent at:		
on:		
Signature		
Print Name		
Date		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		