



QIRC Matter No:	/	/
Industrial Magistrates Court Matter No:	/	/
Industrial Magistrates Court Location:		

Form 91 – Response to claim or application in existing proceedings



Industrial Relations Act 2016, sections 506 and 989
Fair Work Act 2009 (C'wlth), Chapter 4, Part 4-1
Industrial Relations (Tribunals) Rules 2011, Part 3B

Information

- There is no requirement for a Respondent/Defendant to file a Response in the Industrial Magistrates Court.
- If a civil or other penalty is claimed, nothing in this form requires a person to answer any allegation tending to incriminate the person.
- If the **Fair Work Claim** or **Unpaid Amount Claim** is not resolved in the conciliation process and the Respondent/Defendant intends to dispute the claim, the Respondent/Defendant may file a Response in the Magistrates Court Registry and serve a copy on the Applicant/Claimant as soon as possible.
- Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or Rules may result in the non-acceptance of your form.

Applicant/Claimant:	

v

Respondent/Defendant:	

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

1. Applicant/Claimant's details

Name of Applicant/Claimant:			
Name of contact person:			
Postal address:			
	<small>Suburb/Town</small>		<small>Postcode</small>
Phone number:		Mobile number:	
Email address:			

2. Applicant/Claimant's representative (if applicable)

Organisation:			
Name of contact person:			
Postal address:			
	<small>Suburb/Town</small>		<small>Postcode</small>
Phone number:		Mobile number:	
Email address:			

3. Respondent/Defendant's details

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

4. Respondent/Defendant's representative (if applicable)

Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

5. Signature of Respondent/Defendant (making response)

Signature:			
Name:			
Date:			

TAKENOTICE that the respondent relies on the following facts in response to the claim.

6. Response

I admit the claims in paragraphs: _____

I do not admit the claims in paragraphs: _____

because

Please attach a schedule if more room required

I deny the claims in paragraphs: _____

because

Please attach a schedule if more room required

Other

Please attach a schedule if more room required