

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

## Form 93 – Application or request in existing proceedings

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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, r 113, r 123W

Industrial Relations (Tribunals) Ru	'
,	
Information	
<ul> <li>Use this form to make an interlo</li> </ul>	cutory application or request in a Fair Work Claim or Unpaid Amount Claim in the Industrial Magistrates Court.
<ul> <li>For requests for a consent order</li> </ul>	, use <b>Form 98 – Request for Consent Order</b> .
<ul> <li>For requests to discontinue prod</li> </ul>	eedings, use Form 100 – Request to Discontinue Proceedings.
• 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:	
LEASE NOTE: If there are more t	han two parties to this application, please complete a <b>Form 1 – Parties list</b> and file with this form.
his application/request in e	xisting proceedings is being made by:
Applicant/C	laimant Respondent/Defendant
1. Applicant/Claimant's de	tails

	Suburb/Town		Postcode	
Phone number:		Mobile number:		
Email address:				
2. Applicant/Claimant's re	epresentative (if applicable)			
Organisation:				
Name of contact person:				
Postal address:				
	Suburb/Town			Postcode
Phone number:		Mobile number:		

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**Email address:** 

Name of Applicant/

Name of contact person:

Claimant:

Postal address:

3. Respondent/Defendar	nt's details		
Name of Respondent/ Defendant:			
Defendant.			
Name of contact person:			
Postal address:			<del>-</del>
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			
4. Respondent/Defendar	t's representative (if applicable)		
Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			
5. Signature of party makes	king application/request		
Signature:			
Name:			
Date:			
_	ompleted by Industrial Magistrates Court		
	l be heard by the Industrial Magistra	tes Court as follows:	
Location of Hearing:			
Date of Hearing:			
Time of Hearing:			
Signature of Registrar:			
[sign and seal]			
Name of Registrar:			
Date:			

7. Details of decision sought
Please outline details of decision sought in numbered paragraphs and attach a schedule if more room required