



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

Form 95 – Amended application



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

- The Applicant/Claimant may use this form to amend an application for a claim prior to the hearing of the application and is made to the Industrial Magistrates Court in a **Fair Work Claim** or **Unpaid Amount Claim**.
- The Applicant/Claimant must serve the amended application on the Respondent/Defendant as soon as possible, but at least seven (7) days before the hearing.
- The Applicant/Claimant must also serve a copy of the original application with this amended application, if it has not already done so.
- An amended application must replace the whole application.
- Amendments must be distinguished from the original text by:
 - if text is being added, underlining or shading the added text
 - if text is being deleted, crossing out the deleted text
- 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:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

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

Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
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 Applicant/Claimant or representative

Signature:			
Name:			
Date:			

6. Details of decision sought

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

PLEASE ATTACH THE AMENDED VERSION OF YOUR ORIGINAL APPLICATION OR CLAIM TO THIS APPLICATION