

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

| Form 98 – Re | quest for | Consent | Order |
|--------------|-----------|----------------|-------|
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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

Information

Applicant/Claimant:

- Use this form to request a consent order in relation to a Fair Work Claim or an Unpaid Amount Claim in the Industrial Magistrates Court.
- For interlocutory applications, please use Form 93 Application or request in existing proceedings.
- To request to discontinue a matter, please 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.

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| | V | | | |
| Respondent/Defendant: | | | | |
| | | | | |
| PLEASE NOTE: All parties consenting to the order must sign a Request for Consent Order Form (Form 98). f respective parties have signed separate Request forms, all forms must be attached together when filed. | | | | |
| This request for consent order is being filed by: Applicant/Claimant Respondent/Defendant | | | | |
| Does the request for consent include the vacating of hearing date/s?: Yes No | | | | |
| If Yes, what date/s is the matter set down for: | | | | |
| The parties advise: | | | | |
| All consenting p | parties have signed this or an attached Request (Form 98). | | | |
| No other party's rights or obligations are affected by the order sought. | | | | |
| ☐ The consenting | The consenting parties have complied with all relevant statutory requirements. | | | |
| The order sough | nt is within the jurisdiction of the Industrial Magistrates Court. | | | |
| © State of Queensland 2022 | | | | |

| 1. Applicant/Claimant's d | etalis | | |
|--|---|--------------------------------|----------|
| Name of Applicant/ Claimant: | | | |
| - Ciamianti | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Mobile number: | |
| Email address: | | | |
| | | | |
| | epresentative (if applicable) | | |
| Organisation: | | | |
| Name of contact person: | | | |
| Postal address: | | | <u></u> |
| | Suburb/Town | | Postcode |
| Phone number: | | Mobile number: | |
| Email address: | | | |
| | | | |
| 3. Respondent/Defendan | nt's details | | |
| Name of Respondent/ | | | |
| | | | |
| Defendant: | | | |
| Name of contact person: | | | |
| | | | |
| Name of contact person: | Suburb/Town | | Postcode |
| Name of contact person: | Suburb/Town | Mobile number: | Postcode |
| Name of contact person: Postal address: | Suburb/Town | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: | Suburb/Town | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: Email address: | Suburb/Town t's representative (if applicable) | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: Email address: | | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: Email address: 4. Respondent/Defendan | | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: Email address: 4. Respondent/Defendan Organisation: | | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: Email address: 4. Respondent/Defendan Organisation: Name of contact person: | | Mobile number: | Postcode |
| Name of contact person: Postal address: Phone number: Email address: 4. Respondent/Defendan Organisation: Name of contact person: | t's representative (if applicable) | Mobile number: Mobile Number: | |
| Name of contact person: Postal address: Phone number: Email address: 4. Respondent/Defendan Organisation: Name of contact person: Postal address: | t's representative (if applicable) | | |

| 5. Signature of Applicant | /Claimant or representative |
|--|---|
| Signature: | |
| Name: | |
| Date: | |
| | |
| 6. Signature of Responde Signature: | ent/Defendant or representative |
| Signature. | |
| Name: | |
| | |
| Date: | |
| 7. Details of Consent On Set out details in number | red paragraphs. Please attach a schedule if more room required. |