



Form 102 – Response to application for leave to be represented by a lawyer in certain proceedings

Industrial Relations Act 2016, s 529, s 530, s 989

Anti-Discrimination Act 1991, s 174C

Industrial Relations (Tribunals) Rules 2011, r 124

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Information

- Use this form to respond to a **Form 101 – Application for leave to be represented by a lawyer in certain proceedings** before the Queensland Industrial Relations Commission (please see **Practice Direction Number 1 of 2023 - Parties or Persons Applying for Leave to be Represented by a Lawyer in Certain Proceedings before the Queensland Industrial Relations Commission**).
- This application must be accompanied by a **Form 20 – Affidavit** if there is no consent to the application for leave.
- This form, and accompanying Affidavit, must be served on the other party, or persons ordered or permitted to appear, and filed in the Industrial Registry within seven (7) days of being served with an application.
- Please read this form carefully and complete all relevant sections.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Response

This response is being made by:

- ☐ Applicant/Complainant/Appellant [in the substantive matter]
☐ Respondent [in the substantive matter]

The above party:

- ☐ consents to the application for leave to be represented by a lawyer [no Affidavit required].
☐ does not consent to the application for leave to be represented by a lawyer and the reasons are contained within Section 6 of this response [please also attach a Form 20 – Affidavit]

**Applicant/Complainant/
Appellant:**
(in substantive matter)

v

Respondent:
(in substantive matter)

If there are more parties to this matter, please complete a **Form 1 – Parties list** and file it together with this form.

1. Applicant/Complainant/Appellant's details

Title [please select]:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other: _____		
Name of Applicant:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

2. Applicant/Complainant/Appellant's representative [if applicable]

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

3. Respondent

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

4. Respondent's representative [if applicable]

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

5. Signature of party making response

Signature:

Name:

Date:

6. Response

Please outline, in consecutively numbered paragraphs, the reasons why you do not consent to the application for leave to be represented by a lawyer.

Please attach a schedule if more room required