



Form 59 – Response to objection

Industrial Relations Act 2016, section 894

Industrial Relations (Tribunals) Rules 2011, rule 192

Industrial Relations Regulation 2018, section 25



Applicant:	

v

Respondent:	

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

TAKE NOTICE that the applicant relies on the following facts in response to the objection.

1. Response	
I admit the claims in paragraphs:	
I do not admit the claims in paragraphs:	
I deny the claims in paragraphs:	
of the objection because:	
Other:	

2. Signature	
Signature:	
Name:	
Date:	/ /

3. Applicant's details

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

4. Applicant's representative

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

5. Respondent's details

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

6. Respondent's representative

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