



Form 67 – IM notice of appeal

Workers' Compensation and Rehabilitation Act 2003, sections 548A(2) and 549
Industrial Relations (Tribunals) Rules 2011, rules 8(4), 112(1)(a) and (2)



Information

- Use this form to appeal a decision of the Workers' Compensation Regulator to the Industrial Magistrates Court.
- 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 the Rules may result in the rejection of your form.
- This notice of appeal must be served on the Workers' Compensation Regulator
- For an appeal about an amount of premium specified in a premium notice, the appellant is limited to the grounds of appeal and the facts relied on in this notice and must pay the premium specified in the notice before filing the IM notice of appeal, *Workers' Compensation and Rehabilitation Act 2003*, s 551(3) and (4).

RESPONDENT PLEASE NOTE: that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the commission in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au

Appellant:	

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.

This is an appeal to the Industrial Magistrates Court against the whole part of the decision of the Workers' Compensation Regulator

1. Appellant

Name of appellant:			
Name of organisation:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			
Does the appellant have a representative?			
Yes - provide representative's details below and file a Form 33 or 34			
No			

2. Appellant's representative

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

3. Respondent

The appellant must serve a copy of this appeal on all parties to the appeal.

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

4. Details of decision appealed against

Date of decision :	/ /
Description of parties involved:	
Date notice of review decision given:	/ /

5. Grounds of the appeal

(specify briefly the grounds of the appeal) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

6. Facts relied on

(specify briefly the facts you rely on to support your appeal) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

7. Decision sought

(specify the decision sought in lieu of that appealed against including any special order as to costs) 1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)

8. Signature of applicant or representative

Signature:	
Name:	
Date:	/ /