



Matter Number:

/ /

# Form 68 – Application for claim before an Industrial Magistrate

Industrial Relations Act 2016, sections 506, 396 and 402  
Industrial Relations (Tribunals) Rules 2011, rules 101 and 102



## Information

- Use this form to make a claim in 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.

For further information please contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au)

<b>Claimant:</b>	

V

<b>Defendant:</b>	

**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 application to the Industrial Magistrates Court, pursuant to section 506 of the *Industrial Relations Act 2016* section 580/581 of the *Workers' Compensation and Rehabilitation Act 2003*.

## 1. Claimant

<b>Title:</b> (please select)	Mr	Mrs	Ms	Miss	Mx	Other:
<b>Name of claimant:</b>						
<b>Postal address:</b>						
	Suburb/Town					Postcode
<b>Phone number:</b>				<b>Fax number:</b>		
<b>Mobile number:</b>						
<b>Email address:</b>						

## 2. Defendant

The claimant must serve a copy of this application on the defendant

<b>Name of defendant:</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

## 3. Subject matter of the claim

*1000 character limit.*

Whereupon the claimant applies to the Industrial Magistrate for an order directing the defendant to pay in full the amount unpaid, particulars of which are attached.

## Claimant

<b>Signature:</b>			
<b>Made before me at:</b>			
<b>on:</b>	/	/	
<b>Signature:</b>			
	<b>Justice of the Peace</b>		
<b>Date:</b>	/	/	

<b>Summons</b>			
<b>To:</b>			
<b>Address:</b>			
Whereas the above application for a claim has been made before me:			
You are hereby commanded, in Her Majesty's name to appear before an Industrial Magistrate to answer the said application for a claim and to be further dealt with according to law.			
<b>Industrial Magistrates Court at</b>			
<b>Address:</b>			
<b>Time</b>		<b>Date</b>	/ /

<b>Given under my hand at:</b>	
<b>On:</b>	
<b>Signature:</b>	<b>Justice of the Peace</b>
<b>Name:</b>	
<b>Date:</b>	/ /

### **Schedule 1 – Particulars of amounts payable**

(Schedule 1 must state details of the amounts payable in itemised form showing the dates the amounts claimed became payable, how each calculation was made and the total amount claimed, r.76).

<b>1. Wages payable</b>			
Date payable from:	/ /	Date payable to:	/ /
Wages and allowances:			\$
Overtime:			\$
Other:			\$
Total:			\$
Less amount paid:			\$
<b>Amount unpaid:</b>			<b>\$</b>

<b>2. Annual leave payable</b>			
<b>Annual leave</b>			
Date payable from:	/ /	Date payable to:	/ /
Number of weeks:			
Weekly rate:			\$
Plus 17.5% loading (if applicable):			\$
<b>Total annual leave:</b>			<b>\$</b>

<b>Pro rata annual leave</b>			
Date payable from:	/ /	Date payable to:	/ /
Total ordinary earnings (to multiply by 1/12):			\$
Plus 17.5% loading (if applicable):			\$
<b>Total pro rata annual leave:</b>			<b>\$</b>
<b>Totals</b>			
Total annual leave + total pro rata annual leave:			\$
Less amount paid:			\$
<b>Amount unpaid:</b>			<b>\$</b>

<b>3. Wages payable in lieu of notice</b>			
Number of weeks notice required:			
Number of weeks notice given:			
Weeks payable in lieu of notice:			
Date of termination:		/ /	
Weekly rate of pay:		\$	
Date of birth:		/ /	
Date employed from:	/ /	Date employed to:	/ /
Length of employment:			
Total:		\$	
Less amount paid:		\$	
<b>Amount unpaid:</b>		<b>\$</b>	

<b>4. Severance allowance payable</b>	
Number of weeks severance allowance payable:	
Number of years continuous service:	
Weekly rate of pay:	\$
Total:	\$
Less amount paid:	\$
<b>Amount unpaid:</b>	<b>\$</b>

<b>5. Summary of amount payable</b>	
1. Total unpaid wages:	\$
2. Total unpaid annual leave:	\$
3. Total unpaid in lieu of notice:	\$
4. Total unpaid severance allowance:	\$
<b>Total amount unpaid:</b>	<b>\$</b>

**Affidavit of service****Affidavit of****I (Name)****of (Address)****Position**

make oath and say  or solemnly and sincerely affirm and declare as follows –

**Party on whose behalf this document is filed****Family name****Given name****OR****Organisation or company****Name, address and occupation of person serving the documents****Family name****Given name****Address****Occupation****Person/Organisation/Company served****Family name****Given name****OR****Organisation or company****AT (give address at which documents were served)****Address****Signed:**  
*(deponent/s to sign)***Taken by:** *(person taking  
the affidavit to sign)*

Time and Date documents were served			
<b>Time:</b>		<b>Date:</b>	/ /
<b>What documents were served?</b> <i>(attach copies)</i>			
<b>How were the documents served?</b> <i>(tick box and complete details)</i>			
<input type="radio"/> I handed them to the person at the above address <input type="radio"/> I attempted to hand them to the person at the above address <input type="radio"/> The person refused to accept them. I put them down and left them in the presence of the person and said			
<b>If you handed the documents to the person to be served or put them down in their presence, indicate how you identified the person</b> <i>(tick box and complete details)</i>			
<input type="radio"/> I know the person <input type="radio"/> I saw the person sign an acknowledgment that they were the person to be served or authorized to accept service <input type="radio"/> I had the following conversation relating to the person's identity <input type="radio"/> I left them with a person apparently living at the address and who appeared to be 18 years or over.			
<b>Name of person:</b>			
<b>At: (Address)</b>			
<input type="radio"/> I left them in a position where they were reasonably likely to come to the attention of the person to be served because <input type="radio"/> there was no one in attendance at the address <input type="radio"/> The address is within a building or area to which I have been denied access <input type="radio"/> I sent them by <input type="radio"/> pre-paid ordinary post <input type="radio"/> registered post    in an envelope addressed to			
<b>Name:</b>			
<b>Address:</b>			
<input type="radio"/> I faxed them to			
<b>Fax number:</b>			
<input type="radio"/> Other <i>(give details)</i>			

Further, I  make oath and say  solemnly and sincerely affirm and declare

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

Signature	
Signature:	
Name:	
Date:	/ /

Taken by	
Sworn/Affirmed by the deponent at:	
on:	
Signature:	<b>Industrial Magistrate</b>
Print name:	
Justice of the peace/commissioner for declarations/lawyer/other qualified person	

Certificate:

Pursuant to section 55 of the Industrial (Tribunals) Rules 2011

- I certify that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit.
- I certify that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit, but was physically incapable of signing it.