



Matter Number:

# Form 90B – Response to claim or application

*Industrial Relations Act 2016*, section 989

*Fair Work Act 2009 (C'wlth)*, Chapter 4, Part 4-1



## Information

- If the Fair Work Claim is not resolved in the conciliation process and you intend to dispute the claim, you must file a Response in the Magistrates Court Registry, and serve a copy of the application on the applicant as soon as possible. You do not need to do this until after the conciliation process has ended.

<b>Applicant:</b>	

v

<b>Respondent:</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. **TAKE NOTICE** that the applicant relies on the following facts in response to the claim.

## 1. Response

I admit the claims in paragraphs:

I do not admit the claims in paragraphs:

because

I deny the claims in paragraphs:

because

Other:

## 2. Signature

<b>Signature:</b>	
<b>Name:</b>	
<b>Date:</b>	/ /

### 3. Applicant's details

<b>Name of applicant:</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>			

### 4. Applicant's representative

<b>Organisation:</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>			

### 5. Respondent's details

<b>Name of respondent:</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>			

### 6. Respondent's representative

<b>Organisation:</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>			