

Application for rehearing



DISPUTES TRIBUNAL

Rule 23, Disputes Tribunal Rules 1989

(Office use only) CIV: _____

When to use this form

Use this form to apply for a rehearing of your dispute. An application for rehearing can only be made after a Disputes Tribunal order (or approval of agreed settlement or variation of term of agreed settlement).

Please note that the fact you disagree with the Tribunal's decision is not a valid ground to apply for a rehearing.

What you need with your application

To complete your application, you need to send:

- A fully completed form

Completing this form

- Print clearly in CAPITALS
- Use a black pen or blue pen to complete this form
- Answer every question on the form unless the instructions tell you otherwise

Payment information

There is no filing fee for your rehearing application.

After submitting your application

Filing this application does not affect any enforcement action, unless the Tribunal decides to make a stay for enforcement.

Important information

You must provide reasons and evidence to support your application.

Your application must be filed **within 20 working days** of the Disputes Tribunal order (or approval of agreed settlement or variation of term of agreed settlement).

If an order by the Tribunal requires you make a payment **within that 20 working day period** for filing, you should file this application as early as possible before or after the order requires you to make payment.

If you are filing after that **20 working day period** for filing, you will need to write to the Disputes Tribunal seeking permission for your application to be considered and explaining your reasons for filing late.

More information can be found at disputestribunal.govt.nz/

Step 1. Give us your details

Are you an individual or organisation? (Please tick ONE to confirm)

Individual Organisation

If you are an Individual provide the full name below. Individual includes each trustee of a Trust (name all trustees) or if the individual is trading but not under a registered company.

Full name _____

If you are an Organisation provide the full legal name and contact person below. Organisation includes an incorporated company or other incorporated entity (for example - an incorporated society/charitable trust).

Full legal name _____

Contact person _____

What is the physical address?

Address _____

What is the postal address? (if different from the physical address)

Address _____

Phone Day _____ Mobile _____

Email _____

Step 2. First respondent details

Are they an individual or organisation? (Please tick ONE to confirm)

Individual Organisation

If they are an Individual provide the full name below. Individual includes each trustee of a Trust (name all trustees) or if the individual is trading but not under a registered company.

Full name _____

If they are an Organisation provide the full legal name and contact person below. Organisation includes an incorporated company or other incorporated entity (for example - an incorporated society/charitable trust).

Full legal name _____

Contact person _____

What is their physical address?

Address _____

What is their postal address? (if different from the physical address)

Address _____

Phone Day _____ Mobile _____

Email _____

Step 3. Second respondent details

Are they an individual or organisation? (Please tick ONE to confirm)

Individual Organisation

If they are an Individual provide the full name below. *Individual includes each trustee of a Trust (name all trustees) or if the individual is trading but not under a registered company.*

Full name _____

If they are an Organisation provide the full legal name and contact person below. *Organisation includes an incorporated company or other incorporated entity (for example - an incorporated society/charitable trust).*

Full legal name _____

Contact person _____

What is their physical address?

Address _____

What is their postal address? (if different from the physical address)

Address _____

Phone Day _____ Mobile _____

Email _____

If you need extra space for additional respondents, please attach a separate sheet with their information to this application

Step 4. Decision details

Date of the decision ____ / ____ / ____ (day/month/year)

Place of hearing _____

CIV number _____

Step 5. Grounds

Are you applying outside of the 20-working day period for a rehearing?

Yes No

If yes, please provide your reasons for your application being filed late and state the reasons you are applying for a rehearing below.

If no, then please just state your reasons for applying for a rehearing below.

If you need extra space, please attach a separate sheet to this application

Step 6. Sign and date this form

Signature

Date

Step 7. Send in this form

You can fill in this form and hand it in at your local court or post to:

Ministry of Justice
SX10042
Wellington
New Zealand

Address: find your local court address at <https://www.justice.govt.nz/contact-us/find-us/>

Phone: 0800 268 787