

Notice of appeal to District Court

DISPUTES TRIBUNAL



Rule 24, Disputes Tribunal Rules 1989

When to use this form

Use this form to appeal to a District Court against a decision of the Disputes Tribunal.

What you need with your application

To complete your appeal, you need to send:

- A fully completed form
- The filing fee of \$200 (Please read the payment information)
- Attached any relevant evidence to support your appeal

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

The fee for filing an appeal is \$200.

You can pay the fee in person when you are handing your application in over the counter.

Other costs can be incurred going through this process.

Important information

The only grounds for an appeal are that the manner in which the Referee conducted the hearing (for example, because the Referee failed to have regards to a provision of an enactment brought to the Referee's attention) or the manner in which the investigator carried out the investigation was:

- unfair to you; and
- prejudicially affected the results of the proceedings.

This notice of appeal must be filed **within 20 working days** of the Disputes Tribunal's order (or approval of agreed settlement or variation of term of agreed settlement).

If you are filing **after that 20 working day period** for filing, you should do so only within any further time for filing that you have sought by an application made to, and have been allowed by, a District Court Judge.

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

Step 1. Appellants 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. Appellants insurance and insurer details

If your insurer was party to the claim (under section 28(4) or (5), 26(3)(b), or 35(6) of the Act), complete the following:

Insurers full legal name _____

Insurance claim number _____

What is their postal address?

Address _____

Step 3. 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 postal address?

Address _____

Phone Day _____ Mobile _____

Email _____

Step 4. 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 postal address?

Address _____

Phone Day _____ Mobile _____

Email _____

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

Step 5. Decision details

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

Place of hearing _____

CIV number _____

Step 6. Appeal

Please state what was unfair to you and prejudicially affected your claim.

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

Step 7 Sign and date this form

Appellant signature

Date

Step 8. Send in this form

You can fill in this form and hand it in at your local court.

Address: find your local court address at justice.govt.nz/contact-us/find-us/
Phone: 0800 268 787