

Claim form

DISPUTES TRIBUNAL



Rule 4, Disputes Tribunal Rules 1989

CIV: _____

When to use this form

Use this form to make a claim to the Disputes Tribunal.

What you need with your application

To complete your application, you need to send:

- A fully completed form
- The filing fee (Please read the payment information)
- Additional copies of the form and any supporting documents you want to present at the hearing for each of the other parties (Please read the important information)

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 application is determined by the amount you are claiming for;

- Less than \$2000 the fee is **\$45**
- Between \$2000-\$5000 the fee is **\$90**
- Between \$5000-\$30,000 the fee is **\$180**

You can pay the fee by;

- Cheque, please make it out to **Ministry of Justice**, or
- In person if you are handing your application in over the counter

Application fees are non-refundable.

Alternatively, you can always apply to the Disputes Tribunal online by going to disputestribunal.govt.nz/how-to-make-a-claim/apply-online/

Important information

Request to keep personal details confidential

If you are requesting your personal details to be kept confidential, please remove any identifying personal information in this form.

The Ministry of Justice does not check this has been done and takes no responsibility for the disclosure of identifying information contained in your application or supporting documentation.

Copies of the application must be provided

You must provide us copies of your completed application, so they can be provided to the other parties to the dispute.

This form will be returned to you if it's incomplete, unsigned or undated, if the filing fee isn't included or you don't give us additional copies for all other parties.

Ensure correct party names provided

If you or a respondent are a **company** you will need to check the companies register here: companies-register.companiesoffice.govt.nz/

If you or a respondent are an organisation you will need to check the above register to make sure you use the correct legal name for that organisation. On that site you can access the Companies Register and other registers (such as for incorporated societies by clicking ALL REGISTERS at the top right of the website.)

Step 1. Who is making the claim?

Applicant type (tick the box that applies to you)

- Individual(s) Partnership Trust
 Incorporated company Incorporated society Other

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 First _____ Middle _____ Surname/Family 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? (It will not be given to others if confidentiality has been granted)

Address _____

Note: if you wish to request confidentiality please complete Step 10 of this form

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

Address _____

Phone Day _____ Mobile _____

Email _____

Note: If your address or contact details change, you must notify the Tribunal immediately.

If you require an interpreter what language and dialect do you speak?

The interpreter will be arranged by the Ministry of Justice free of charge

Language and dialect _____

Step 2. Claimant insurance and insurer details

Is this a claim that could be covered by your insurer? (Please tick to confirm)

- Yes No

Complete the following if you have been or entitled to be compensated by your insurer for any loss from your claim:

Insurers full legal name _____

Insurance claim number _____

What is their postal address?

Address _____

Step 3. Who is the claim against?

Respondent type (tick the box that applies to this claim)

- Individual(s) Partnership Trust
 Incorporated company Incorporated society Other _____

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

Respondent contact information

Full legal name _____
Address _____
Phone Day _____ Mobile _____
Email _____

If they are an Organisation complete the section below. *Organisation includes an incorporated company or other incorporated entity (for example - an incorporated society/charitable trust).*

Organisation contact information

Full legal name _____
Contact person _____
Address _____
Phone Day _____ Mobile _____
Email _____

Step 4. Anyone else you wish to claim against?

Individual contact information 1

Full legal name _____
Address _____
Phone Day _____ Mobile _____
Email _____

Organisation contact information 1

Full legal name _____
Contact person _____
Address _____
Phone Day _____ Mobile _____
Email _____

Individual contact information 2

Full legal name _____
Address _____
Phone Day _____ Mobile _____
Email _____

Organisation contact information 2

Full legal name _____
Contact person _____
Address _____
Phone Day _____ Mobile _____
Email _____

Individual contact information 3

Full legal name _____
Address _____
Phone Day _____ Mobile _____
Email _____

Organisation contact information 3

Full legal name _____
Contact person _____
Address _____
Phone Day _____ Mobile _____
Email _____

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

Step 5. Details of the dispute

Even if you're not asking the Tribunal to award you money, it's important to tell us the amount disputed, or the value involved. **You can claim up to a maximum of \$30,000**

How much are you seeking to claim or want the Tribunal to award you?

Claim amount \$ _____

Please tell us what you claim happened. Include specific details like relevant dates and locations to support your claim. Ensure there is sufficient detail to fully inform the Tribunal and other parties:

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

Step 6. Have you tried to resolve the dispute?

Outline what, specifically, you have done to resolve the issue. For example, what did the respondent(s) say when you asked the respondent(s) to pay or otherwise resolve the issue? How is your claim disputed by the respondent(s)?


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

Step 7. Sign and date this form

Applicant Signature

Date

Step 8. Do a quick check

- Additional copies for the other parties
- You have answered every question
-  You have attached any additional documentation to support your claim
- You have signed and dated this form; and
- You have included a cheque for the required fee

Step 9. 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

Step 10. Confidentiality

In order for us to consider your request for confidentiality, we need to understand your safety concerns.

Do you want to keep your details confidential?

- I want to keep my **physical address** confidential
- I want to keep my **email address** confidential
- I want to keep my **phone numbers** confidential

If your request for confidentiality is declined, will you still want to proceed with your claim?

- Yes
- No

Tell us why you want to keep your address and/or contact details confidential from the other parties. What are your concerns for your safety and/or the safety of your family? Tell us if you have a protection order or restraining order against any of the other parties. If you don't give us satisfactory reasons we may not be able to grant your request for confidentiality. Please attach any documents that support your request.

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