

SECTION 1 APPLICATION AND PARTY DETAILS

Tribunal case number(s)	
Applicant	
Respondent	
Other Party If relevant	

The following information is provided by:

Applicant <input type="checkbox"/>	Respondent <input type="checkbox"/>	Other Party <input type="checkbox"/>
------------------------------------	-------------------------------------	--------------------------------------

SECTION 2 WITNESSES

List here any witnesses you intend to call to give oral evidence

Attach additional list if required.

Witness name	Type of witness (Lay/expert. If an expert, area of expertise)	Will you request that evidence be given by telephone or video?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

If you want a witness to give evidence by telephone or video

Have you told the other party of the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the other party oppose the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	--	---

[Please note: The presiding member will decide whether evidence may be given by telephone or video following your written request.]

For any witness you are requesting to appear by telephone or video, provide contact details

Witness name	Contact details

Do you need any audiovisual or computer equipment to present evidence at the hearing?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

If yes, please state need

--

Do you or any of your witnesses require an interpreter?

Name of party or witness	Language required Please include dialect if appropriate.

Turn to page 2 →

HOW DO I SUBMIT THIS FORM?

You can send us your form by email, post, or deliver it to a registry.

Email: reviews@art.gov.au

Post: Administrative Review Tribunal, GPO Box 9955, Your capital city (*Northern Territory residents should write to Adelaide*)
or Administrative Review Tribunal, c/- Supreme Court of Norfolk Island Registry, Kingston,
Norfolk Island 2899

In person:

ADELAIDE Level 2, 1 King William St ADELAIDE SA 5000	BRISBANE Level 6 295 Ann St BRISBANE QLD 4000	CANBERRA Level 8 14 Moore St CANBERRA CITY ACT 2600	HOBART Edward Braddon Building Commonwealth Law Courts 39–41 Davey St HOBART TAS 7000
MELBOURNE Level 4 15 William St MELBOURNE VIC 3000	NORFOLK ISLAND Supreme Court of Norfolk Island KINGSTON Norfolk Island 2899 TEL +61 2 9391 2400	PERTH Level 13 111 St Georges Terrace PERTH WA 6000	SYDNEY Level 6 83 Clarence St SYDNEY NSW 2000

If you want more information or assistance, call us on **1800 228 333** (calls are free from landline phones, however calls from mobiles may be charged).

Non-English speakers can call the Translating and Interpreting Service on 131 450 and ask them to call the AAT.

If you are deaf or have a hearing or speech impairment, contact us through the National Relay Service. For more information visit www.accesshub.gov.au

Website: www.art.gov.au