

# Claim form

## DISPUTES TRIBUNAL



Section 24, Disputes Tribunal Act 1988

(Office use only) 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
- **Alternatively**, you can always apply (and pay your filing fee) to the Disputes Tribunal online by going to [disputestribunal.govt.nz/how-to-make-a-claim/apply-online/](http://disputestribunal.govt.nz/how-to-make-a-claim/apply-online/)

### Payment information

The fee for filing an application is determined by the amount you are claiming for;

- Less than \$2000 the fee is **\$45**
- From \$2000-\$4999 the fee is **\$90**
- From \$5000-\$30,000 the fee is **\$180**

You can pay the fee by;

- In person (cash or EFTPOS) if you are handing your application in over the counter.

**Application fees are non-refundable.**

### 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 and any accompanying documents (**with the exception of your Step 1 details**). 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** or **incorporated society** you will need to check the companies register here: [companies-register.companiesoffice.govt.nz/](http://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.)

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## 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 names below.** *Individual includes each trustee of a Trust or if the individual is trading but is not a 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 or a witness 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** \_\_\_\_\_

### Bank Account details

You may supply your bank account number below. This will assist with payment by the other party if an order is made in your favour by the Tribunal.

**Account name** \_\_\_\_\_

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Bank

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Branch

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Account number

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Suffix

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## 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 \_\_\_\_\_

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## 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 \_\_\_\_\_

### Individual contact

If they are an Individual provide the full name below. Individual includes each trustee of a Trust or if the individual is trading but is not a registered company. (For example - John Doe t/a Johns Lawnmowing)

Full name    First \_\_\_\_\_ Middle \_\_\_\_\_ Surname/Family name \_\_\_\_\_

### Organisation contact

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 \_\_\_\_\_

### Contact information

What is the physical address?

Address \_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone    Day \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

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## Step 4. Anyone else you wish to claim against?

### Additional Individual Respondent (1)

Full legal name \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Additional Individual Respondent (2)

Full legal name \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Additional Organisation Respondent (1)

Full legal name \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Additional Organisation Respondent (2)

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 are not asking the Tribunal to award you money, it's important to tell us the amount disputed, or the value involved: Example: monetary value of any work to be done or property returned. **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:

[illegible]

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

### Step 6. Why is the respondent still disputing the claim?

How is your claim disputed by the respondent(s)?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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

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## Step 7. Sign and date this form

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Applicant Signature

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Date

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## 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
- ☐ When filing in person at your local court registry you must pay the correct filing fee. **Only cash or EFTPOS are accepted.**

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## Step 9. Send in this form

If you are not applying online to the Dispute Tribunal, you must fill in this form and hand it in at any local courthouse (filing fee payments will be accepted via cash or EFTPOS).

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.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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