MAGISTRATES COURT OF TASMANIA

CIVIL DIVISION

FW02

**RESPONSE**

(Response by an employer / other to the claim of an employee / other)

**MAGISTRATES COURT** **ACTION No.**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *(full name)*

**EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *(full name)*

TO THE DISTRICT REGISTRAR OF THE MAGISTRATES COURT OF TASMANIA

AND TO

THE EMPLOYEE / OTHER

TAKE NOTICE that the Employer’s “RESPONSE” to the claim made by an Employee / Other is attached.

Court Seal

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| **DETAILS THE EMPLOYER MUST COMPLETE** |
| **Is the employer correctly identified in the Claim?** | Yes 🞏 No 🞏 |
| **If no, what is the correct name?** |  |
| **Employer’s registered office or trading address** | Address:Postcode: |
| **Details of contact person from employer** | Name:Telephone: ( )Fax Number: ( )Position: |

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| **DETAILS OF REPRESENTATION** |
| **Is anyone representing the employer?** | Yes 🞏 No 🞏*Please note that the parties may be represented by a barrister or solicitor in a small claims proceeding only if the Court permits.* If yes, please provide details:🞏 Employer organisation 🞏 Solicitor🞏 Other representative |
| **Name of employer organisation, solicitor’s firm or other representative** |  |
| **Contact details of representative** | Name:Address:Postcode:Telephone: ( )Fax Number: ( ) |

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| **ADDRESS FOR SERVICE** |
| **Address for Service of Documents** | Address:    Postcode:  |

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| **INDUSTRIAL INSTRUMENT** |
| **Does the employer agree that the award, agreement or order (if any) referred to in the Claim is correct?** | Yes 🞏 No 🞏If no, please state the award, agreement or order under which the employee was employed: |

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| **EMPLOYERS RESPONSE TO CLAIM** |
| **What is the employer’s response to the Claim?** | 🞏 The employer **opposes** the Court granting any order sought in this Claim; *or*🞏 The employer **consents** to the Court making the following orders/s: But **opposes** the Court making the following order/s: *or*🞏 The employer **consents** to the Court making all the orders sought in the Claim. |

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| **EMPLOYER’S REASONS FOR OPPOSING CLAIM/S (if applicable)** |
| The employer opposes the Claim/s as outlined below. Attach further sheets if necessary. |
| 🞏 Wages$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Leave Entitlements$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Penalty Rates$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Allowances$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Payment in lieu of notice of termination of employment$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Redundancy Pay$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Unauthorised deduction from wages$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Superannuation$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |
| 🞏 Other *(please specify)*$ | This element of the claim is:🞏 admitted🞏 not admitted🞏 denied for the following reasons: |

**Signature of the employer / other or representative:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed by(print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 the employer or authorised person

🞏 authorised representative of the employer

**Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**