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

|  |  |
| --- | --- |
| **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: |

|  |  |
| --- | --- |
| **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: ( ) |

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

|  |  |
| --- | --- |
| **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: |

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**