ABOUT THIS FORM

Use this form if you are applying to VCAT for an order about legal costs or legal services.

NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact our Customer Service team:

- email admin@vcat.vic.gov.au
- call 1300 01 8228 (1300 01 VCAT) between 9am and 4.30pm Monday to Friday
- go to the Victorian Civil and Administrative Tribunal, Ground Floor, 55 King Street, Melbourne VIC 3000. We are open Monday to Friday from 8.30am to 4.30pm.

WHICH ACT ARE YOU MAKING THIS CLAIM UNDER?

1. Select the Act you are applying under:	
☐ Australian Consumer Law and Fair Trading Act	
Legal Profession Uniform Law (Victoria) – attac Commissioner	h the letter from the Victorian Legal Services
2. Are you applying in response to another VCAT	application that has been served on you?
☐ No – skip to Question 4	
Yes – provide the VCAT reference number:	
full amount claimed against you in the co	and Fair Trading Act. application fee, or apply for fee relief y bank cheque, money order or in person) the
WHO IS MAKING THIS APPLICATION?	
The applicant is the person who makes this application	n.
4. Are you an individual, organisation or companyIndividualOrganisation or company	?

5. Your details:					
Given names					
Family name					
Organisation name	(if applicable)				
Street address					
Suburb			State	Postcode	
Phone number					
Email					
6. Do you wish to be Yes IS THERE ANOT	□No		nal and/or Tor	res Strait Islande	descent?
If you are the only app					
7. Is the second appl Individual Organisation or		idual, organisation	or company?		
8. Details of second	applicant:				
Given names					
Family name					
Organisation name	(if applicable)				
Street address					
Suburb			State	Postcode	
Phone number					
Email					
9. Does the second a Islander descent?		to be identified as	a person of Al	ooriginal and/or T	orres Strait
IS SOMEONE RI	resentative, we v ur address.	will send all our corr	·		
10. Will you be repre	esented by a law No – skip to 0		advocate or o	ther representativ	/e?

11. Details of yo	ur representat	ive:			
Organisation n	name (if applica	ble)			
Full name of re	epresentative				
Street address	;				
Suburb			State	Postcode	
Phone number	r				
Email					
WHO ARE Y	OU MAKING	AN APPLIC	ATION AGAINS	7?	
The respondent is against.	s the person, or	ganisation (eg. le	gal firm) or company	you are making your a	pplication
12. Is the respor	ndent an indivi	dual, organisati	on or company?		
☐ Individual					
☐ Organisatio	on or company				
13. Details of res	spondent:				
Given names					
Family name					
Organisation n	name (if applica	ble)			
Street address	3				
Suburb			State	Postcode	
Phone number	r				
Email					
SECOND RE	SPONDEN	Γ'S DETAILS			
If there is only on	e respondent, s	skip to Question 1	16.		
14. Is the second	d respondent a	an individual, or	ganisation or compa	any?	
☐ Individual					
Organisation	on or company				
15. Details of se	cond responde	ent:			
Given names					
Family name					
Organisation n	name (if applica	ble)			

Street address
Suburb State Postcode
Phone number
Email
CLAIM DETAILS
16. How much is your claim? Enter the amount you are claiming. If you are not claiming an amount, enter the approximate value of your claim instead. We ask for more details about your claim in Question 17.
The amount you claim determines the application fee you must pay. For more information about fees, see Page 7.
If you later increase your claim, you may be required to pay additional fees.
\$
NAME OF THE VOLLOF FUNDS
WHAT ORDERS ARE YOU SEEKING?
17. What orders do you want VCAT to make?
☐ An order that the respondent pay me the amount claimed
☐ An order declaring I do not owe the respondent the amount of my claim ☐ An order that I am refunded the amount claimed
Other, please specify:
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18. Why do you want VCAT to make these orders? The respondent has not paid me for my services
☐ The services were not provided with due care and skill or the respondent was negligent
☐ The services were not supplied in a reasonable time
☐ The respondent did not tell me how much the services were estimated to cost or did not update me when the estimated costs changed
☐ The respondent misled me about the services
Other – provide details in Question 19

	Provide more details about your claim. Briefly describe the problem. Be clear, number your points and include enough information, including relevant dates, so the respondent can understand the claim. If claiming payment or a refund of money, you must include details of each amount claimed and how you have calculated it, and details of any amounts you have paid or received. If you need more space, you can attach a document setting out the details of the claim.
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	ARING ARRANGEMENTS
	offer a range of support services for people with disability, language difficulties and to help with
	essibility. Let us know of your needs so we can make arrangements for the hearing.
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acce	Does anyone mentioned in this application need special assistance at the hearing? Help accessing the venue (e.g. wheelchair access)
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SERVICE OF APPLICATION

You must send (serve) a copy of this application to the respondent/s within seven days of submitting it to VCAT.

You will need to provide evidence that you have served the application on the respondent at the hearing.

You can only send documents to other parties by email if you have already exchanged information with them this way. If not, send documents by post or give them in person.

If you don't send your documents to the respondent, your hearing may be changed to a later date (adjourned).

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21. When will you serve the respondent/s?
Date of service (DD/MM/YYYY)
22. How will you serve the respondent/s? By electronic means (eg. email) By registered post By standard post By handing the application to the respondent personally
ACKNOWLEDGEMENT
By completing this application, I understand and acknowledge that:
☐ To the best of my knowledge, all information provided in this application is true and correct.
Full name of person completing this form:
Date of acknowledgement (DD/MM/YYYY):
FURTHER STEPS TO TAKE
You must do the following:
☐ Attach the key documents that support your claim.
☐ If your claim is about legal costs, attach any costs agreements, costs disclosure documents, tax invoices, relevant correspondence and all other documents on which you intend to rely on in the hearing
☐ Send a copy of your application to the respondent, including all supporting documents described above.
Keep a copy of this application for your own records.

ABOUT VCAT FEES

VCAT fees are charged according to three levels:

- corporate fees for businesses and companies with a turnover of more than \$200,000 in the previous financial year, corporate entities and government agencies
- standard fees for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$200,000 in the previous financial year. Companies must provide a statutory declaration to support this claim
- concession fees for people who hold the Australian Government Health Care Card. You must provide a copy of your card with your application. We do not accept Pensioner Concession Cards or Department of Veteran Affairs health cards.



To find out if you need to pay an application fee and how much it costs, go to www.vcat.vic.gov.au/fees.

FEE RELIEF

Card expiry (mm/yy):

We can reduce or not charge (waive) a VCAT fee in certain circumstances.

Some people are automatically entitled to a full fee waiver. You can also apply for fee relief if paying

www.vcat.vic.gov.au/feerelief.	
Are you applying for fee relief? No, go to Fee payment section Yes, complete Fee relief form and attach it to this application form	
FEE PAYMENT	
Complete this section unless you are applying for fee relief, no fee is payable or you wish to pay using another method. For other payment options, see www.vcat.vic.gov.au/howtopay.	
Choose the fee level: Standard Corporate Concession	
Fee amount charged \$	
Card details	
Cards accepted: UISA MasterCard	
Cardholder name:	
Card number:	

REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO THE RESPONDENT

SUBMITTING THIS APPLICATION

If you have supplied your credit card details, send your completed form to us by post or give it to us in person.

If you have not provided your credit card details on this form, you can submit your application to us by email, post or in person.

To protect yourself, do not send credit card details over email.

By email

Email admin@vcat.vic.gov.au

By post

Send to:

The Registrar Legal Practice List Victorian Civil and Administrative Tribunal GPO Box 5408 Melbourne VIC 3001

In person

Go to:

Victorian Civil and Administrative Tribunal Ground Floor, 55 King Street, Melbourne VIC 3000 Office hours: 8.30am to 4.30pm Monday to Friday (except public holidays)

PRIVACY INFORMATION

For a copy of VCAT's privacy statement, go to www.vcat.vic.gov.au/privacy.

WHAT HAPPENS NEXT

After we receive your application and payment, we will open a VCAT case and tell you what happens next.

Contact us if you do not hear from us within two weeks of submitting your application.