

# APPLICATION FOR REVIEW IN THE LEGAL PRACTICE LIST

## ABOUT THIS FORM

Use this form if you are applying to VCAT for an order in the Legal Practice List.

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

## WHO IS MAKING THIS APPLICATION?

The applicant is the person who makes this application.

### 1. Is the applicant an individual or organisation?

- Individual  
 Organisation/company

### 2. Details of individual, organisation or company

Given names  Family name

Organisation or company (if applicable)

Street address

Suburb  State  Postcode

Phone number

Email

### 3. Do you wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?

- Yes  No

## IS THERE ANOTHER APPLICANT?

Is there another applicant making this application with you? If not applicable, skip to Question 7.

### 4. Is the second applicant an individual or organisation?

- Individual  
 Organisation/company

**5. Details of individual, organisation or company**

Given names  Family name

Organisation or company (if applicable)

Street address

Suburb  State  Postcode

Phone number

Email

**6. Does the second applicant wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?**

Yes  No

**IS SOMEONE REPRESENTING YOU?**

**7. Are you represented by a lawyer, professional advocate or other representative?**

Yes  
 No – skip to Question 10

**8. Details of your representative**

All correspondence will be sent to your representative's address.

Given names  Family name

**9. Address**

All correspondence will be sent to your representative's address.

Organisation or company (if applicable)

Street address

Suburb  State  Postcode

Phone number

Email

**WHO ARE YOU MAKING AN APPLICATION AGAINST?**

The decision-maker you are making an application against is the respondent.

**10. As the respondent, are they a person or a body?**

Person  
 Body

**11. Details of person or body**

Given names  Family name

Organisation or company (if applicable)

Street address

Suburb  State  Postcode

Phone number

Email

**SECOND RESPONDENT'S DETAILS**

Is there another respondent you are making this application against? If not applicable, skip to Question 14.

**12. As the respondent, are they a person or a body?**

- Person
- Body

**13. Details of person or body**

Given names  Family name

Organisation or company (if applicable)

Street address

Suburb  State  Postcode

Phone number

Email

**APPLICATION FOR REVIEW OF A DECISION**

**14. Provide details of the decision you want VCAT to review.**

**15. Decision-maker reference number:**

**16. Date of decision (DD/MM/YYYY):**

## REASON FOR APPLICATION

**17. Provide the reasons you are making this application:**

## HEARING ARRANGEMENTS

All parties listed in your application must attend the VCAT hearing. If you are concerned about being in the same room as someone who will attend the hearing, we can make special arrangements to ensure your safety.

We can also arrange to have an interpreter for anyone who needs to attend the hearing or assist people with disability (e.g. hearing loops).

These special arrangements are free.

**18. Does anyone attending the hearing need an interpreter?**

Yes       No       Don't know

If yes, tell us who needs an interpreter and for what language:

**19. Does anyone attending the hearing require any other type of special assistance?**

E.g. Hearing loop, wheelchair access, additional arrangements for personal safety.

- Yes       No       Don't know

If yes, tell us who needs any other type of special assistance and what they require:

## 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.
- It is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT.
- I will advise VCAT of anyone who is impacted by my application and their contact details.

Date of acknowledgement (DD/MM/YYYY):

## FURTHER STEPS TO TAKE

Ensure you do the following:

- Attach a copy of the decision you are asking VCAT to review
- Attach other documents that support your claims
- Make 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.

To find out if you need to pay an application fee and how much it costs, go to [vcat.vic.gov.au/fees](http://vcat.vic.gov.au/fees)

## FEE RELIEF

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 the fee would cause you financial hardship.

For more information about fee relief, go to [www.vcat.vic.gov.au/feerelief](http://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 or no fee is payable.

Choose the fee level:  Standard  Corporate  Concession

Fee amount charged

### Card details

Cards accepted:  VISA  MasterCard

Cardholder name:

Card number:

Card expiry (mm/yy):

**REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO OTHER PARTIES**

## 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](mailto: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

## PRIVACY INFORMATION

For a copy of VCAT's privacy statement, go to [www.vcat.vic.gov.au/privacy](http://www.vcat.vic.gov.au/privacy).