Fields marked with an asterisk (*) must be completed.

Do you need to complete this form?

Please use this form if you are applying to VCAT for an order.

For further information please contact VCAT on:

<table>
<thead>
<tr>
<th>List of VCAT</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building and Property List</td>
<td>(03) 9628 9999</td>
<td>(03) 9628 9988</td>
<td><a href="mailto:vcat-civil@justice.vic.gov.au">vcat-civil@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Civil Claims List</td>
<td>(03) 9628 9830</td>
<td>(03) 9628 9967</td>
<td><a href="mailto:vcat-civil@justice.vic.gov.au">vcat-civil@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Human Rights List</td>
<td>(03) 9628 9900</td>
<td>(03) 8685 1404</td>
<td><a href="mailto:VCAT-HRD@justice.vic.gov.au">VCAT-HRD@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Legal Practice List</td>
<td>(03) 9628 9755</td>
<td>(03) 9628 9788</td>
<td><a href="mailto:vcat-admin@justice.vic.gov.au">vcat-admin@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Owners Corporation List</td>
<td>(03) 8685 1499</td>
<td>(03) 8685 1488</td>
<td><a href="mailto:vcat-civil@justice.vic.gov.au">vcat-civil@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Planning and Environment List</td>
<td>(03) 9628 9777</td>
<td>(03) 9628 9789</td>
<td><a href="mailto:vcat-admin@justice.vic.gov.au">vcat-admin@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Residential Tenancies List</td>
<td>(03) 9628 9800</td>
<td>(03) 9628 9988</td>
<td><a href="mailto:vcat-civil@justice.vic.gov.au">vcat-civil@justice.vic.gov.au</a></td>
</tr>
<tr>
<td>Review and Regulation List</td>
<td>(03) 9628 9755</td>
<td>(03) 9628 9788</td>
<td><a href="mailto:vcat-admin@justice.vic.gov.au">vcat-admin@justice.vic.gov.au</a></td>
</tr>
</tbody>
</table>

Select which List of VCAT you are applying to: *

- Building and Property List
- Civil Claims List
- Human Rights List
- Legal Practice List
- Owners Corporation List
- Planning and Environment List
- Residential Tenancies List
- Review and Regulation List

Applicant details (Referring Party)

Applicant 1
Name of referring party *

Contact person
Name
Title
Surname
Given name 1
Given name 2

Address
Street address *

Suburb / Town *
State *
Postcode *

Address for service (if different from above)
Street address
Suburb / Town

State

Postcode

Contact details

Business phone

( )

Area code

Number

After hours phone

( )

Area code

Number

Mobile

( )

Area code

Number

Fax number

( )

Area code

Number

Email

Complainant details

Complainant 1

Is the complainant an individual or an organisation/company?  *

○ Individual

○ Organisation/Company

Name (if the complainant is an individual)

Title *

Surname *

Given name 1 *

Given name 2

Organisation/Company (if the complainant is an organisation or company)

Organisation/Company *

Contact person

Name

Title

Surname

Given name 1

Given name 2

Address

Street address *

Suburb / Town *

State *

Postcode *

Address for service (if different from above)

Street address

Suburb / Town

State

Postcode

Contact details

Business phone

( )

Area code

Number

After hours phone

( )

Area code

Number

Mobile

( )

Area code

Number

Fax number

( )

Area code

Number

Email

Complainant 2

Is the complainant an individual or an organisation/company?  *

○ Individual

○ Organisation/Company

Name (if the complainant is an individual)

Title *

Surname *

Given name 1 *

Given name 2
**Organisation/Company** *(if the complainant is an organisation or company)*

| Organisation/Company * |

---

**Contact person**

**Name**

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
<th>Given name 1</th>
<th>Given name 2</th>
</tr>
</thead>
</table>

**Address**

<table>
<thead>
<tr>
<th>Street address *</th>
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<table>
<thead>
<tr>
<th>Suburb / Town *</th>
<th>State *</th>
<th>Postcode *</th>
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</table>

**Address for service** *(if different from above)*

<table>
<thead>
<tr>
<th>Street address</th>
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<th>Suburb / Town</th>
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**Contact details**

<table>
<thead>
<tr>
<th>Business phone</th>
<th>After hours phone</th>
<th>Mobile</th>
<th>Fax number</th>
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</table>

<table>
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<tr>
<th>Email</th>
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</table>

**Is the complainant represented?** *

- [ ] Yes
- [ ] No

If Yes, please enter details in the next section.

---

**Complainant’s representative details**

<table>
<thead>
<tr>
<th>Name of law firm or other representative *</th>
</tr>
</thead>
</table>

**Contact person**

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
<th>Given name 1</th>
<th>Given name 2</th>
</tr>
</thead>
</table>

**Address** *(Please note, if you have a representative all correspondence will be sent to your representative’s address)*

<table>
<thead>
<tr>
<th>Street address <em>(PO Box address or DX is acceptable)</em> *</th>
</tr>
</thead>
</table>

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**Contact details**

Please provide at least one phone number *

<table>
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Respondent details

Is there a respondent in this application?  
☐ Yes  ☐ No

Respondent 1
Is the respondent an individual or an organisation/company?  
☐ Individual  ☐ Organisation/Company

Name (if the respondent is an individual)
Title *  Surname *  Given name 1  Given name 2

Organisation/Company (if the respondent is an organisation or company)
Organisation/Company *

Contact person
Name
Title  Surname  Given name 1  Given name 2

Address
Street address *

Suburb / Town *  State *  Postcode *

Address for service (if different from above)
Street address

Suburb / Town  State  Postcode

Contact details
Business phone  After hours phone  Mobile  Fax number
( ) Area code  ( ) Area code  Number  Number  Area code  Number

Email

Respondent 2
Is the respondent an individual or an organisation/company?  
☐ Individual  ☐ Organisation/Company

Name (if the respondent is an individual)
Title *  Surname *  Given name 1  Given name 2

Organisation/Company (if the respondent is an organisation or company)
Organisation/Company *

Contact person
Name
Title  Surname  Given name 1  Given name 2

Address
Street address *

Suburb / Town * State * Postcode *

Address for service (if different from above)

Street address

Suburb / Town State Postcode

Contact details

Business phone After hours phone Mobile Fax number

Area code Number Area code Number Number Area code Number

Email

Referral

I refer the following matter to the Victorian Civil and Administrative Tribunal (include reference to the Act (including the section) or other legislative provision authorising the referral) *

Supporting documents

You must provide documents that support your application. For further information, please refer to the Application Guide.

- Supporting documents
  Any documents that support your application.

If providing attachment electronically, please supply as: docx;xls;doc;pdf

Payment details

You must pay the relevant application fee at the same time you lodge this form. Fees may change each year. To find out about the current fee or whether you are entitled to a fee waiver, visit the VCAT website.
Fee schedule

Please note that there are no fees to apply to the Human Rights List.

If you need assistance to determine the correct fee payable, please call VCAT on:

<table>
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<th>List</th>
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Fee Waiver

Are you applying for a fee waiver? *  
☐ Yes  ☐ No

Concession Card Holders
If you are a concession card holder, please complete the application for fee waiver concession card holder form and attach to this application and include copies of evidence to support your claim.

Financial Hardship
If you are applying for a waiver of fees due to financial hardship please complete and attach the declaration in the application for waiver of fees by reason of financial hardship form.

Please note if there is more than one applicant each applicant should fill out the appropriate application form.

For copies of the fee waiver application forms and for further information please visit the VCAT website.

Which Act/s are you making this claim under? *

Please insert the applicable fee that you are paying for this application *  

(Please note if you are applying under more than one Act, the higher application fee will apply).

Payment can only be made via the following methods:
- Online by Credit Card.
- By mail, cheque or money order made out to the Victorian Civil and Administrative Tribunal or using a credit card, please complete a Payment by Credit Card form available at the VCAT website or by calling VCAT.
- In person at the Ground Floor, 55 King Street Melbourne, you can pay over the counter by credit card, cash, eftpos, cheque or money order made out to the Victorian Civil and Administrative Tribunal.
- By fax, (you can only pay by credit card using this method), you will also need to complete a Payment by Credit Card form available at the VCAT website or by calling VCAT.

Acknowledgement

I understand and acknowledge that:
- To the best of my knowledge, all information provided in this application is true and correct and that no details relevant to the application have been left out.
- I approve the information that has been provided.
- 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.

☐ By ticking this checkbox I confirm that I have read and understood all the statements above *

Full name of person completing this application *  

Date *

Signature of person completing this application *
Privacy statement

The information collected in this application will be used to assess the application and determine eligibility to initiate a proceeding at the Victorian Civil and Administrative Tribunal (VCAT).

The Victorian Civil and Administrative Tribunal Act 1998 governs what information is available to the public.

The Information Privacy Act 2000 (the Act) and the Victorian Privacy Principles set out the requirements that persons must abide by. Section 10 of the Act refers to Courts and Tribunals and the exemptions that apply to them.

For further information regarding VCAT’s privacy policy, please visit the VCAT website.

Lodgement

You can lodge this completed form and any attachments online or by:

**Mailing it to:**
The Principal Registrar
Victorian Civil and Administrative Tribunal
GPO Box 5408 Melbourne VIC 3001

**Delivering it in person to:**
The Principal Registrar
Victorian Civil and Administrative Tribunal
Ground Floor, 55 King Street
Melbourne VIC 3000
Office hours: 9am - 4.30pm Monday to Friday (closed public holidays)