**FOR CLAIMS UNDER $20,000**

**MAGISTRATES’ COURT OF VICTORIA**

**AT MELBOURNE**

**INDUSTRIAL DIVISION**

**Court Case Number:**

**BETWEEN**

Employee

Of: *(address)*

**AND**

Employer

Of: *(address)*

**SMALL CLAIM**

**COUNTERCLAIM**

TO THE EMPLOYEE

TAKE NOTICE that this COUNTERCLAIM has been brought against you on the basis set out in the pages attached.

If you intend to defend this Counterclaim you must complete a “Response to Counterclaim Form” within 21 days of service on you of this Counterclaim and give it to –

(a) the Employer whose address for service is set out in this form.

**AND**

(b) the Registrar of the Magistrates’ Court of Victoria in Melbourne.

You should have received a blank copy of the “Response to Counterclaim Form” when served with this form.

If you submit a “Response to Counterclaim” the Court will allocate this matter to be heard alongside the original Small Claim and Response.

**If you do not want to defend** the Counterclaim but pay the amount of $       and Court Fees of $       to the Employer, Employer’s solicitor or other named representative within 21 days of service on you having occurred, you may avoid further costs.\*

**\*Section 570 of the Fair Work Act 2009 makes allowance for a costs order to be awarded in limited circumstances.**

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| **EMPLOYER DETAILS** |
| **Employer** | **Name:**  |
| **Address:**       **Postcode:**       |
| **Address for service** | **Address for service of court documents (registered office or trading address):**       **Postcode:**       |
| **Contact details of Employer** | **Work Telephone:** (     )       |
| **Fax Number:** (     )       |
| **Email Address:**       |

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| **DETAILS OF EMPLOYER’S REPRESENTATIVE (if any)** |
| 1. **Is anyone representing the employer?**
 |  No [ ]   Yes [ ]  [ ]  Employer organisation [ ]  Solicitor [ ]  Other representative |
| 1. **Name of employer organisation, solicitor’s firm or other representative**
 |       |
| 1. **Contact details of representative**
 | **Name:**      **Address:**       **Postcode:**      **Work telephone:**  (     )      **Fax Number:** (     )      **Email Address:**       |

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| **STATEMENT OF COUNTERCLAIM** |
| *Please set out numbered consecutive paragraphs with all the material facts relied on for your Counterclaim against the Employee, including particulars of every fact or matter.* *If the Counterclaim arises by or under any Act, identify the specific provision relied on. State the place where and the date when the claim arose.*1. |

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| **ORDERS SOUGHT BY EMPLOYER**  |
| **The Employer seeks orders that the Employee by Counterclaim:****[ ]  Pay monies in the sum of the breaches claimed $** **and/or****[ ]  Do something else (please specify)**        |

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| **THE HEARING** |
| If this matter proceeds to a hearing before the Court parties may only be legally represented with the permission of the Court.  Yes [ ]  No [ ]  |

**Signature and printed name of the Employer or Representative:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**      /     /