

FOR CLAIMS UNDER \$20,000 ONLY

MAGISTRATES' COURT OF VICTORIA
AT MELBOURNE
INDUSTRIAL DIVISION

Court Case Number:

BETWEEN

Of: *(address)*

Employee

AND

Of: *(address)*

Employer

SMALL CLAIM RESPONSE FORM

TO THE EMPLOYEE

AND

TO THE REGISTRAR OF THE MAGISTRATES' COURT AT MELBOURNE

TAKE NOTICE that the Employer's "Response to a Claim Made by an Employee / Other" is attached.

RESPONSE TO A CLAIM MADE BY AN EMPLOYEE / OTHER

DETAILS THE EMPLOYER MUST COMPLETE	
1. Is the employer correctly identified in the Claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If no, what is the correct name?	
3. Employer's registered office or trading address	Address: Postcode:
4. Details of contact person from employer	Name: Work telephone: () Fax Number: () Email Address: Position:

DETAILS OF EMPLOYER'S REPRESENTATIVE (if any)

5. Is anyone representing the employer?

No

Yes

Employer organisation

Solicitor

Other representative

6. Name of employer organisation, solicitor's firm or other representative

7. Contact details of representative

Name:

Address:

Postcode:

Work telephone: ()

Fax Number: ()

ADDRESS FOR SERVICE

8. Where should court documents and notices to the employer be sent?

Address in questions 3-4 or 6-7

INDUSTRIAL INSTRUMENT

9. 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, Australian Workplace Agreement or order under which you the employee was employed:

EMPLOYER'S RESPONSE TO CLAIM

	<p>The employer opposes each of the following claims made in the application: <i>(tick as appropriate & attach further sheets if necessary)</i></p>
<input type="checkbox"/> Wages \$	<p>This element of the claim is:</p> <ul style="list-style-type: none"><input type="checkbox"/> admitted<input type="checkbox"/> not admitted<input type="checkbox"/> denied for the following reasons:
<input type="checkbox"/> Leave entitlements \$	<p>This element of the claim is:</p> <ul style="list-style-type: none"><input type="checkbox"/> admitted<input type="checkbox"/> not admitted<input type="checkbox"/> denied for the following reasons:
<input type="checkbox"/> Penalty Rates \$	<p>This element of the claim is:</p> <ul style="list-style-type: none"><input type="checkbox"/> admitted<input type="checkbox"/> not admitted<input type="checkbox"/> denied for the following reasons:
<input type="checkbox"/> Allowances \$	<p>This element of the claim is:</p> <ul style="list-style-type: none"><input type="checkbox"/> admitted<input type="checkbox"/> not admitted<input type="checkbox"/> denied for the following reasons:
<input type="checkbox"/> Notice of Termination \$	<p>This element of the claim is:</p> <ul style="list-style-type: none"><input type="checkbox"/> admitted<input type="checkbox"/> not admitted<input type="checkbox"/> denied for the following reasons:

Unauthorised deduction
from wages \$

This element of the claim is:

- admitted
 not admitted
 denied for the following reasons:

THE HEARING

If this matter proceeds to a hearing before the Court, does the employer intend to represent it/him/herself?

Yes No

Signature and printed name of the employer or representative:

Date: ____/____/____