



INDUSTRIAL  
MAGISTRATES COURT

**NUMBER:**

**Form 68 - Application for claim before an Industrial Magistrate**

Industrial Relations Act 2016, sections 506, 396 and 402

Industrial Relations (Tribunals) Rules 2011, rules 101 and 102

*Version 3*

Claimant: **(NAME OF CLAIMANT IN MATTER)**

AND

Defendant: **(NAME OF DEFENDANT IN MATTER)**

This is an Application to the Industrial Magistrates Court, pursuant to [section 506 of the *Industrial Relations Act 2016*] [section 580/581 of the *Workers' Compensation and Rehabilitation Act 2003*].

**1. The Claimant:**

<b>Title</b>			
<b>Name</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**2. The Defendant**

The Claimant must serve a copy of this Application on the Defendant

<b>Name of Defendant</b>			
<b>Name of contact person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**3. SUBJECT MATTER OF THE CLAIM:**

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Whereupon the claimant applies to the Industrial Magistrate for an order directing the defendant to pay in full the amount unpaid, particulars of which are attached.

**Claimant**

<b>Signature</b>	
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<b>Made before me at:</b>		
<b>on:</b>		
<b>Signature</b>		<b>Justice of the Peace</b>
<b>Date</b>		

## SUMMONS

To	
Address	

Whereas the above application for a claim has been made before me:

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You are hereby commanded, in Her Majesty's name to appear before an Industrial Magistrate to answer the said application for a claim and to be further dealt with according to law.

Industrial Magistrates Court at			
Address			
Time		Date	

<b>Given under my hand at:</b>		
<b>on:</b>		
<b>Signature</b>		<b>Justice of the Peace</b>
<b>Name</b>		
<b>Date</b>		

## SCHEDULE 1 – PARTICULARS OF AMOUNTS PAYABLE

*(Schedule 1 must state details of the amounts payable in itemised form showing the dates the amounts claimed became payable, how each calculation was made and the total amount claimed, R.76).*

### 1. WAGES PAYABLE

Date Payable From:		Date Payable To:	
Wages and allowances:			\$
Overtime:			\$
Other:			\$
Total:			\$
Less amount paid:			\$
<b>Amount unpaid:</b>			<b>\$</b>

### 2. ANNUAL LEAVE PAYABLE

<b>Annual Leave</b>			
Date Payable From:		Date Payable To:	
Number of weeks:			
Weekly rate:			\$
Plus 17.5% loading (if applicable):			\$
Total Annual Leave:			\$
<b>Pro rata Annual Leave</b>			
Date From:		Date To:	
Total ordinary earnings (to multiply by 1/12)			\$
Plus 17.5% loading (if applicable):			\$
Total Pro rata Annual Leave:			\$
<b>Totals</b>			
Total Annual Leave + Total Pro rata Annual Leave			\$
Less amount paid:			\$
<b>Amount unpaid:</b>			<b>\$</b>

### 3. WAGES PAYABLE IN LIEU OF NOTICE

Number of weeks notice required:			
Number of weeks notice given:			
Weeks payable in lieu of notice:			
Date of termination			
Weekly Rate of Pay:			\$
Date of birth:			
Date employed from:		Date employed to:	
Length of employment:			
Total:			\$
Less amount paid:			\$
<b>Amount unpaid:</b>			<b>\$</b>

**4. SEVERANCE ALLOWANCE PAYABLE**

Number of weeks severance allowance payable:	
Number of years continuous service	
Weekly Rate of Pay:	\$
Total:	\$
Less amount paid:	\$
<b>Amount unpaid:</b>	<b>\$</b>

**5. SUMMARY OF AMOUNT PAYABLE**

1. TOTAL UNPAID WAGES:	\$
2. TOTAL UNPAID ANNUAL LEAVE:	\$
3. TOTAL UNPAID IN LIEU OF NOTICE:	\$
4. TOTAL UNPAID SEVERANCE ALLOWANCE:	\$
<b>TOTAL AMOUNT UNPAID:</b>	<b>\$</b>

## AFFIDAVIT OF SERVICE

<b>Party on whose behalf this document is filed</b>			
Family Name		Given Name	
<b>OR</b>			
Organisation or Company			

<b>Name, address and occupation of person serving the documents</b>			
Family Name		Given Name	
Address			
Occupation			

<b>Person/Organisation/Company served</b>			
Family Name		Given Name	
<b>OR</b>			
Organisation or Company			
<b>AT</b> <i>(give address at which documents were served)</i>			
Address			

Time and Date documents were served			
Time		Date	
What documents were served? ( <i>attach copies</i> )			
<b>How were the documents served?</b> ( <i>tick box and complete details</i> )			
<input type="checkbox"/>	I handed them to the person at the above address		
<input type="checkbox"/>	I attempted to hand them to the person at the above address		
<input type="checkbox"/>	The person refused to accept them. I put them down and left them in the presence of the person and said		
<b>If you handed the documents to the person to be served or put them down in their presence, indicate how you identified the person</b> ( <i>tick the box</i> )			
<input type="checkbox"/>	I know the person		
<input type="checkbox"/>	I saw the person sign an acknowledgment that they were the person to be served or authorized to accept service		
<input type="checkbox"/>	I had the following conversation relating to the person's identity		
<input type="checkbox"/>	I left them with a person apparently living at the address and who appeared to be 18 years or over.	Name of person	
		At Address:	
<input type="checkbox"/>	I left them in a position where they were reasonably likely to come to the attention of the person to be served because		
<input type="checkbox"/>	there was no one in attendance at the address	<input type="checkbox"/>	The address is within a building or area to which I have been denied access
<input type="checkbox"/>	I sent them by [pre-paid ordinary post] [registered post] in an envelope addressed to	Name	
		Address	
<input type="checkbox"/>	I faxed them to	Fax number	

<input type="checkbox"/>	Other ( <i>give details</i> )	
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I [swear] [affirm] that the facts set out above are true.

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	

**Taken by:**

<b>Sworn/Affirmed by the deponent at:</b>		
<b>on:</b>		
<b>Signature</b>		
<b>Print Name</b>		
<b>Date</b>		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		