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|---|---|---|
| QIRC Matter No: | / | / |
| Industrial Magistrates Court Matter No: | / | / |
| Industrial Magistrates Court Location: | | |

Form 92 – Further particulars of the claim



Industrial Relations Act 2016, sections 506 and 989
Fair Work Act 2009 (C'wlth), Chapter 4, Part 4-1
Industrial Relations (Tribunals) Rules 2011, Part 3B

Information

- The Applicant/Claimant may use this form to provide further particulars of a **Fair Work Claim** or **Unpaid Amount Claim** to the Industrial Magistrates Court.
- Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or Rules may result in the non-acceptance of your form.

| | |
|----------------------------|--|
| Applicant/Claimant: | |
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|------------------------------|--|
| Respondent/Defendant: | |
| | |

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

1. Applicant/Claimant's details

| | | | |
|------------------------------------|-------------|-----------------------|----------|
| Name of Applicant/Claimant: | | | |
| | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Mobile number: | |
| Email address: | | | |

2. Applicant/Claimant's representative (if applicable)

| | | | |
|--------------------------------|-------------|-----------------------|----------|
| Organisation: | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Mobile number: | |
| Email address: | | | |

3. Respondent/Defendant's details

| | | | |
|-------------------------|-------------|----------------|----------|
| Name of respondent: | | | |
| | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Mobile number: | |
| Email address: | | | |

4. Respondent/Defendant's representative (if applicable)

| | | | |
|-------------------------|-------------|----------------|----------|
| Organisation: | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Mobile number: | |
| Email address: | | | |

5. Signature of Applicant/Claimant or representative

| | | | |
|------------|--|--|--|
| Signature: | | | |
| Name: | | | |
| | | | |
| Date: | | | |

6. Further particulars of the claim

Please outline the particulars in numbered paragraphs and attach a schedule if more room required

7. Further particulars of the remedy sought

Please outline the particulars of the claim you are making by ticking the box for each sort of claim and inserting the amount claimed

| | |
|---|--|
| <input type="checkbox"/> Wages | |
| <input type="checkbox"/> Allowances | |
| <input type="checkbox"/> Overtime rate | |
| <input type="checkbox"/> Penalty rate | |
| <input type="checkbox"/> Annual leave | |
| <input type="checkbox"/> Personal/Carer's leave | |
| <input type="checkbox"/> Compassionate leave | |
| <input type="checkbox"/> Jury Service | |
| <input type="checkbox"/> Public Holiday | |
| <input type="checkbox"/> Redundancy pay | |
| <input type="checkbox"/> Superannuation claim | |
| <input type="checkbox"/> Other (please specify) | |
| Total | |
| Less amount paid | |
| Total amount unpaid | |