

APPLICATION TO RESOLVE A DISPUTE - PART XII

Application for an Interim Order, Minor Claim or Production of Documents

Office Use Only

Application No:

Related application number(s):

Applicant

Name:

(type/print in full)

Worker Employer Insurer

Other (please specify)

Respondent

Name:

(type/print in full)

Worker Employer Insurer

Filed by

Worker Worker representative
 Employer Employer representative
 Dependant Dependant representative
 Insurer Insurer representative

Other (please specify) Legal entity:

Contact telephone number:

Notice to Respondent

- a party or person served with this application must file a notice on Form 6 consenting or disputing the application
- all respondents have 5 days from service to file the notice (Form 6)

This application is for:

- Interim payment order for weekly payments
- Interim payment order for payment of statutory expenses
- Interim order for suspension of weekly payments
- Interim order for reduction of weekly payments
- Minor claim for the payment of weekly payments
- Minor claim for the payment of statutory expenses
- Production of documents

Related applications (Part XI or Part XII)

Are there any current or related applications for the injuries claimed?

- No Yes *If yes, provide:*

Application number:

Parties' names (if different from these proceedings):

Status of claim:

Details of amounts received or paid:

(attach copies of any award/order/agreement)

Parties' Details

Worker Details

Surname/Family Name:

Given names:

Male Female Date of birth:

Occupation:

Interpreter required? Yes No

If yes, what language (and dialect if applicable):

Telephone number:

Email address:

Address for service of documents:

Please indicate if documents are to be served on representative/registered agent

Injury Details

Date of injury:

Nature of injury:

Describe how and where injury occurred:

Date notice of injury given to employer:

Date claim for compensation served on employer:

This must be completed.

Worker Representative or Registered Agent details

Firm or organisation:

Address for service of documents:

Name of representative/registered agent:

Telephone number:

Fax number:

Email address:

Employer Details

Name of business/organisation:

WCN (if known):

Contact person:

Telephone number:

Fax number:

Email address:

Address for service of documents:

Please indicate if documents are to be served on representative/registered agent
If this application involves more than one employer, the additional employer cover sheet (Form 1A) must be completed and attached.

PART A

Insurer details

Name of insurer:

Claim number: WCCN (if known):

Contact person:

Telephone number:

Fax number:

Email address:

Address for service of documents:

Please indicate if documents are to be served on representative/registered agent

Period of Risk (if more than one insurer)

If this application involves more than one insurer, the additional insurer cover sheet (Form 1B) must be completed and attached.

Employer/Insurer Representative or Registered Agent details

Firm or organisation:

Address for service of documents:

Name of representative/registered agent:

Telephone number:

Fax number:

Email address:

PART B

Order for Interim Reduction of Weekly Payments (s.238)

From \$ To \$

(State grounds and information relied upon)

Order for Minor Claim Payment (s.241)

Weekly payments From To

(Must not be more than 12 weeks)

Weekly rate \$ (Gross before tax)

Statutory Allowances (Schedule 1 Clause 17)

(Provide details)

Date	Nature of Expense	Provider	\$
Total claimed			

PART B

Order for Production of Documents (s.244)

(Please list the documents sought)

Description of Document	Holder of Document

PART C

Supporting Documents and Information

MEDICAL

Document	Author	Date of Document

NON-MEDICAL

Document	Author	Date of Document

Signature

Name:

(please print)

Signed:

Date:

THIS FORM MUST BE SIGNED OR IT WILL BE REJECTED

NOTICE TO PARTIES

1. Filing the application

Before filing the application with the Dispute Resolution Directorate (DRD), check you have:

- completed all relevant questions; and
- attached all supporting documents (only attach copies – do not send originals to the DRD); and
- attached and listed any annexures (additional documents) you refer to in your application.

You can lodge the completed application with the DRD by:

Hand 2 Bedbrook Place, Shenton Park

Post 2 Bedbrook Place, Shenton Park WA 6008

Facsimile (08) 9388 5690 (Registry)

Note: The Reply may only be lodged by fax if it does not exceed 20 pages including the cover sheet.

YOU CANNOT LODGE A DOCUMENT BY EMAIL

2. The DRD may contact the parties by telephone following filing of the application.

3. The DRD may:

- give a copy of the application to any party
- obtain the views of any party on the application
- conciliate the dispute.

Supporting Documents and Requirements, Interim Payment Orders, Revocation and Minor Claims

Application Type	Minimum Documentary Requirements
Interim payment application for weekly payments	<ul style="list-style-type: none"> • A copy of the claim form lodged on the employer. • Copies of the first medical certificate and medical certificates which cover the period of up to 12 weeks claimed in this application. • A statement signed by the worker confirming service of the claim form and medical certificates on the employer. • Any other relevant information.
Interim payment application for statutory expenses	<ul style="list-style-type: none"> • A copy of the claim form lodged on the employer. • Copies of medical certificates and first medical certificate including Regulation Form 7. (See www.workcover.wa.gov.au) • A statement signed by the worker confirming service of the claim form and medical certificates on the employer. • Vouchers/accounts/receipts which apply to the expenses claimed. • Any other relevant information.
Application for interim suspension or reduction orders	<ul style="list-style-type: none"> • Identification of the Part XI application commenced under section 238(1) in respect of the same matter. • Relevant medical evidence to support application. • Relevant rehabilitation evidence to support application.
Minor claim application for payment of weekly payments	<ul style="list-style-type: none"> • A copy of the claim form lodged on the employer. • Copies of the first medical certificate and medical certificates which cover the period Of up to 12 weeks claimed in this application. • Relevant medical reports. • A statement signed by the worker confirming service of the claim form and medical certificates on the employer. • Any other relevant information.
Minor claim application for payment of statutory expenses	<ul style="list-style-type: none"> • A copy of the claim form. • Copies of medical certificates including Regulation Form 7. (See www.workcover.wa.gov.au). • A statement signed by the worker confirming service of the claim form and medical certificates on the employer. • Vouchers/accounts/receipts which apply to the expenses claimed. • Any other relevant information.