Workers' Compensation Arbitration Service
2 Bedbrook Place
Shenton Park WA 6008
Ph 08 9388 5555
@WorkCoverWA
www.workcover.wa.gov.au

NOTICE CONSENTING OR OPPOSING INTERLOCUTORY APPLICATION Form 156A

GOVERNMENT OF WESTERN AUSTRALIA

WorkCoverWA

NOTES FOR PARTIES

- This form is to be completed in response to an Interlocutory Application, pursuant to rule 37 of the *Workers' Compensation and Injury Management Arbitration Rules 2011*.
- This form must be lodged and served no later than 2 working days prior to the listed hearing.
- Attach a separate page(s) to this form if you do not have enough space.
- This form **must** be signed.
- Completed forms must be lodged online at http://online.workcover.wa.gov.au, or if you are EDS exempt and choose not to lodge online, by either:

POST Workers' Compensation Arbitration Service WorkCover WA 2 Bedbrook Place SHENTON PARK WA 6008	OR	**FAX** Documents may be lodged by email subject to conditions. See the WorkCover WA website.	OR	**IN PERSON** Workers' Compensation Arbitration Service 2 Bedbrook Place SHENTON PARK WA 6008 Monday to Friday, 8am to 5pm

- If lodging by post or in person, you must file the original notice and attachments with the Workers' Compensation Arbitration Service, plus a copy for each party to the dispute.
- Sealed copies will be returned to you for service on the other parties.

For further information, please contact WorkCover WA's Advice and Assistance Unit on 1300 794 744 or (08) 9388 5537 (TTY).

SECTION A - CASE DETAILS

1. Case number

2. Applicant

3. Respondent

4. Lodged by *(tick relevant box)*

Worker   Employer   Insurer   Dependant

Worker representative   Employer representative   Insurer representative   Service provider

Other *(please specify)*

SECTION B - CONSENTING OR OPPOSING APPLICATION

5. Please indicate by ticking the relevant box if

The party responding to the Interlocutory Application consents to the orders sought in the Interlocutory Application

The party responding to the Interlocutory Application opposes the orders sought in the Interlocutory Application

State the reason(s) the Interlocutory Application is opposed

SECTION C - SIGNATURES

Signature

Name

Date