



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

NOTICE OF DISCONTINUANCE Form 163

NOTES FOR APPLICANT

- Complete this form if you wish to discontinue arbitration of the dispute pursuant to rule 32 of the *Workers' Compensation and Injury Management Arbitration Rules 2011*.
- This form **must** be signed.
- Completed forms must be lodged online at <https://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

EMAIL
 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 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

State Applicant and Respondent as on the Application for Arbitration (Form 150)

4. Arbitrator (if known)

SECTION B - DETAILS OF DISCONTINUANCE

5. Tick relevant box

Entirety of proceeding discontinued

Part of the proceedings discontinued (*specify*)

6. Tick relevant box

The parties have not agreed on the terms of discontinuance

(Note: A party who has not agreed to discontinuance may apply to an Arbitrator for the payment of costs)

The parties have agreed on the terms of discontinuance

SECTION C - SIGNATURES

Signature of Applicant

Name

Date

Signature of Respondent

Name

Date