



Notice of representation by legal practitioner or agent

INTERNAL APPEALS

NCAT Case Number:

Which NCAT Division made the decision you want to appeal?

Division: ☐ Administrative and Equal Opportunity Division ☐ Consumer and Commercial Division
☐ Guardianship Division ☐ Occupational Division

1. PARTIES

Appellant:

Respondent:

2. LEGAL PRACTITIONER OR AGENT

Representative type:

☐ Legal Practitioner *(If representing a party in an appeal from a Consumer and Commercial Division or Guardianship Division decision – see section 4 of this form)*

☐ Agent *(The agent must apply for leave to represent a party – see section 5 of this form)*

Firm name:

Name:

Address:

Phone:

Email:

Signature:

Date:

☐ **Do you want NCAT notices and correspondence emailed to you?**

By ticking this box you agree to receive the notice of hearing and other future correspondence by email. Please ensure the email address provided above is accurate and the email account is checked regularly.

3. NOTICE

PARTY REPRESENTATION DETAILS

☐ The legal practitioner / agent named above represents the:

☐ Appellant ☐ Respondent ☐ Other* *(please specify)*

OR

☐ The legal practitioner / agent has ceased to represent the:

☐ Appellant ☐ Respondent ☐ Other* *(please specify)*

* For example, a person with statutory right to be heard

PARTY CONTACT DETAILS

Name:

Address:

Phone:

Email:

4. APPLICATION FOR LEGAL PRACTITIONER REPRESENTATION

A legal practitioner must apply for leave (permission) to represent a party in an appeal from a decision made in the Consumer and Commercial Division or Guardianship Division.

Leave is not required for an appeal from a decision made in the Administrative and Equal Opportunity Division or Occupational Division.

The reasons I seek leave for this legal practitioner to represent me in the proceedings are:

5. APPLICATION FOR AGENT REPRESENTATION

An agent must apply for leave to represent a party in any case before the Appeal Panel.

The reasons I seek leave for this agent to represent me in the proceedings are:

☐

I understand that all correspondence will be sent to my nominated agent.

Name:

Signature:

Date:

6. REGISTRY DETAILS

NCAT Appeals Registry

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 10 John Maddison Tower

86-90 Goulburn Street

Sydney NSW 2000

Telephone: 1300 006 228

Interpreter Services (TIS) 13 14 50

National Relay Service

for TTY users 13 36 77

Email: ap@ncat.nsw.gov.au

Website: www.ncat.nsw.gov.au