



# Disputes Tribunal

For more information visit [www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals)

CIV: \_\_\_\_\_

(Office use only)

## Form 1: Claims Form



### What is this form for?

Use this form to make a claim to the Tribunal.

### Completing and submitting this form

1. Fill in all sections below.
2. Print in CAPITAL LETTERS.
3. Check before submitting this form, that you have answered all questions, it is signed and dated, and the filing fee is included.  
**Note:** This form will be returned to you if it is incomplete, unsigned, undated, the filing fee has not been included and 3 copies of the form is not supplied.
4. Submit **3 copies** of this form by post or in person to the District Court closest to your physical address  
**Note:** If you live in Auckland, there are five District Courts: North Shore, Waitakere, Auckland City, Manukau and Papakura. Full address details for all District Courts can be found at [www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals).

### What happens after you have submitted this form

The Tribunal will send a copy of this form, as supplied by the applicant, to all other parties (to all the respondent(s)) to the claim.

### Part 1: Applicant (you, the individual or organisation making the claim) If claiming as a trustee of a trust, state that and name all other trustees (if any) of the trust.

Individual's family name(s):

Individual's first name(s):

Organisation's name (if a corporation or unincorporated body of persons, for example, an individual's employer):

Attention (organisation's contact):

#### Physical address (A physical address is required)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town or district:

Postcode:

#### Postal address (if different from physical address)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town, or district:

Postcode:

## Part 1: Applicant (you, the person or organisation making the claim. If a Trust, name all Trustees) continued

### Contact details

Daytime telephone number: (       )

Mobile telephone number:

Email address:

**Note:** If your address or contact details change, you must notify the Tribunal immediately.

### Do you require an interpreter?

Yes     No

If yes, state the language(s) that you speak:

## Part 2: First respondent (the individual or organisation you are claiming against)

Individual's family name(s):

Individual's first name(s):

Organisation's name (if a corporation or unincorporated body of persons, for example, an individual's employer):

Attention (organisation's contact):

### Physical address (A physical address is required)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town or district:

Postcode:

### Postal address (if different from physical address)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town, or district:

Postcode:

### Contact details

Daytime telephone number: (       )

Mobile telephone number:

Email address

## Part 3: Second respondent (another individual or organisation you are claiming against)

Individual's family name(s):

Individual's first name(s):

Organisation's name (if a corporation or unincorporated body of persons, for example, an individual's employer):

Attention (organisation's contact):

### Part 3: Second respondent (another individual or organisation you are claiming against) *continued*

#### Physical address (A physical address is required)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town or district:

Postcode:

#### Postal address (if different from physical address)

Street or road (number and name):

Rural delivery number:

Suburb:

City, town, or district:

Postcode:

#### Contact details

Daytime telephone number: (      )

Mobile telephone number:

Email address:

### Part 4: Applicant's insurance and insurer

Is this a claim that could be covered by your insurer? (Please tick one)  Yes  No

If you have been, are entitled to be, or have sought to be, indemnified (that is, compensated) by your insurer for any loss caused by or arising out of the act, omission, or event on which the claim is based, complete the following:

Full legal name of your insurer:

Your insurance claim number:

Your insurer's postal address:

### Part 5: Details of your dispute

How much do you want the Tribunal to award you? (Note: if your claim is for more than \$15,000 but is not for more than \$20,000 you will need to complete an "Agreement to Extend Financial Limit" form (Disputes Tribunal Form 1A) available at [www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals))

\$

What do you claim happened? Include specific details, including relevant dates and locations, of the dispute.

(If you need more space please attach a separate sheet)

  
  

Continue on next page

