



SECTION 1 APPLICATION AND PARTY DETAILS

AAT File Number(s)	
Applicant	
Respondent	
Other Party If relevant	

The following information is provided by:

Applicant <input type="checkbox"/>	Respondent <input type="checkbox"/>	Other Party <input type="checkbox"/>
------------------------------------	-------------------------------------	--------------------------------------

SECTION 2 WITNESSES

List here any witnesses you intend to call to give oral evidence
Attach additional list if required.

Witness name	Type of witness (Lay/expert. If an expert, area of expertise)	Will you request that evidence be given by telephone or video?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

If you want a witness to give evidence by telephone or video

Have you told the other party of the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the other party oppose the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	--	---

[Please note: The presiding member will decide whether evidence may be given by telephone or video following your written request.]

For any witness you are requesting to appear by telephone or video, provide contact details

Witness name	Contact details

Do you need any audiovisual or computer equipment to present evidence at the hearing?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state need
---	---------------------------

Do you or any of your witnesses require an interpreter?

Name of party or witness	Language required Please include dialect if appropriate.

Turn to page 2 →

Do you require any other party's witness(es) for cross-examination?

Yes No

List any other party's witness(es) you require for cross-examination

Attach additional list if required.

Witness name	If an expert, area of expertise

If parties are calling expert witnesses, the AAT will use the concurrent evidence procedure unless we direct otherwise. (See the General Practice Direction and the Use of Concurrent Evidence in the AAT Guideline.)

After consulting each other party, list here the dates and times on which the experts would be available to give their evidence concurrently

Relevant experts and area of expertise	Dates and times available

Are you intending to brief an advocate/barrister for the hearing?

Yes No

If yes, please state the name(s)

--

SECTION 3 OTHER MATTERS

How long do you think the hearing will take?

For example, *half a day, one day*

day(s)

List here any dates when you, your representative(s) or your witness(es) will be *unavailable*

Parties/witnesses	Dates unavailable	Reason(s) for unavailability

SIGNATURE

This case is ready for hearing or will be ready for hearing in accordance with the timetable or other arrangements that are in place.

Signature		Date	dd / mm / yyyy
------------------	--	-------------	----------------

Note: Applications are listed for hearing on the basis that the hearing will proceed on the day listed.

INFORMATION ABOUT THIS FORM

HOW DO I SUBMIT THIS FORM?

You can send us your form by email, post, or fax, or deliver it to a registry.

Email: generalreviews@aat.gov.au

Post: AAT, GPO Box 9955, Your capital city (*Northern Territory residents should write to Adelaide*)
or AAT, c/- Supreme Court of Norfolk Island Registry, Kingston, Norfolk Island 2899

In person or by fax:

ADELAIDE Level 2, 1 King William St ADELAIDE SA 5000 FAX (08) 8128 8099	BRISBANE Level 6 295 Ann St BRISBANE QLD 4000 FAX (07) 3052 3001	CANBERRA Level 8 14 Moore St CANBERRA CITY ACT 2600 FAX (02) 6243 4600	HOBART Edward Braddon Building Commonwealth Law Courts 39–41 Davey St HOBART TAS 7000 FAX (02) 9276 5597
MELBOURNE Level 4 15 William St MELBOURNE VIC 3000 FAX (03) 9454 6998	NORFOLK ISLAND Supreme Court of Norfolk Island KINGSTON Norfolk Island 2899 TEL +61 2 9391 2400 FAX +61 2 9283 4881	PERTH Level 13 111 St Georges Terrace PERTH WA 6000 FAX (08) 6222 7299	SYDNEY Level 6 83 Clarence St SYDNEY NSW 2000 FAX (02) 9276 5599

If you want more information or assistance, call us on **1800 228 333** (calls are free from landline phones, however calls from mobiles may be charged). Residents of northern NSW (postcodes 2460–2490) will be connected to the Brisbane registry and residents of the Northern Territory will be connected to the Adelaide registry.

Non-English speakers can call the Translating and Interpreting Service on 131 450 and ask them to call the AAT.

If you are deaf or have a hearing or speech impairment, contact us through the National Relay Service. For more information visit www.relayservice.gov.au

Website: www.aat.gov.au