

THE HUMAN RIGHTS REVIEW TRIBUNAL

Appeal against access direction - Reply

(under the Privacy Act 2020)



Office use only: **HRRT No** _____

When to use this form

Use this form if you are named as a respondent in an appeal against an access direction under section 105 of the Privacy Act 2020 and you wish to file a 'Reply' in opposition to the appeal.

Completing this form

- Print clearly in CAPITALS. Use a black pen or blue pen when completing this form.
- Please file four physical copies of this 'Reply', by posting or by handing them in to the Secretary of the Tribunal at the address shown at the end of this form. You must also serve a copy of this 'Reply' on the appellant(s).
- Answer every question on the form unless the instructions tell you otherwise.

Before you continue

Please tick to confirm the following:

You are named as a respondent in an appeal against the access direction; and

You were a party to the investigation by the Privacy Commissioner.

Please fill in all sections below:

Appellant's name _____

First

Middle

Surname

Step 1. Respondent(s) (please provide your details)

Name _____

First

Middle

Surname

Phone/mobile number _____

Preferred contact option for this reply. Please choose one and give the details.

Email

Postal address

Email address _____

Postal address _____

Street

Suburb

City

State (if outside NZ)

Post code

Country

Do you require an interpreter during the hearing?

Yes.

No.

In what language? _____

Do you have a representative (a lawyer or an authorised person acting on your behalf)?

Yes.

No. Then proceed to Step 2

If yes, please fill in the details below.

Tick the relevant box:

My representative is my lawyer.

My representative is a non-lawyer and I give my authorisation for this person (named below) to act on my behalf against the appellant.

Name and signature (first respondent)

Date

**Name of lawyer or
authorised representative** _____

Name of company (if applicable) _____

Phone/mobile number _____

Email address _____

Postal address

Street _____

Suburb _____ City _____

State (if outside NZ) _____ Post code _____

Country _____

I agree to accept all notices and other communications relating to this application on behalf of the respondent/s.

Representative's signature

Date

Second respondent (if applicable)

Name

First _____ Middle _____ Surname _____

Phone/mobile number _____

Preferred contact option for this reply. Please choose one and give the details.

Email Postal address

Email address _____

Postal address

Street _____

Suburb _____ City _____

State (if outside NZ) _____ Post code _____

Country _____

Do you require an interpreter during the hearing?

Yes.
In what language? _____

No.

Do you have a representative (a lawyer or an authorised person acting on your behalf)?

Yes.

No. Then please go to Step 2

If yes, please fill in the details below.

Tick the relevant box:

My representative is my lawyer.

My representative is a non-lawyer and I give my authorisation for this person (named below) to act on my behalf against the appellant.

Name and signature (second respondent) Date

Name of representative _____

Name of company (if applicable) _____

Phone/mobile number _____

Email address _____

Postal address _____

Street

Suburb City

State (if outside NZ) Post code

Country

I agree to accept all notices and other communications relating to this application on behalf of the respondent/s.

Representative's signature Date

If there are more than two respondents and if you need additional space, please attach a separate sheet of paper.

Step 2. What are your grounds for opposing the appeal?

Please state your grounds for opposing the appeal, and/or any other information you wish to provide.

Has the Privacy Commissioner amended or cancelled the access direction?

1. _____

2. _____

Has the appellant complied with the access direction in part?

1. _____

2. _____

Are you opposing the appeal in full (if you want the access direction confirmed) or in part (if you want the access direction modified)?

1. _____

2. _____

3. _____

4. _____

If you need additional space, please attach a separate sheet of paper.

Step 3. What order(s) do you want the Tribunal to make?

With reference to sections 102, 103 and 108 of the Privacy Act 2020, state the particular order(s) that you want the Tribunal to make.

Do you seek the Tribunal to confirm the terms of the access direction?

1. _____

2. _____

Do you seek the Tribunal to modify the terms of the access direction? If so, specify how the terms should be modified.

1. _____

2. _____

Do you wish the Tribunal to make any further orders under sections 102 and 103 of the Privacy Act? If so, specify the orders you are seeking.

1. _____

2. _____

3. _____

4. _____

Name and signature (first respondent)

Date

Name and signature (second respondent)

Date

Step 4. Do a quick check

Before sending in this form – check:

You have answered every question

You have stated the grounds for opposing the appeal

You have signed and dated this form

You have attached the following documents and served them on the appellant:

Four physical copies of your 'Reply' to the appeal against access direction; and

Please tick to confirm you have served a copy of your 'Reply' on the appellant and all other parties (if applicable).

Step 5. Send in this form

Please hand in the completed form and additional copies to the Secretary at the address below or post to:

**The Secretary
The Human Rights Review Tribunal
Tribunals Unit
Ministry of Justice
SX 11159, Wellington
Level 1, 86 Customhouse Quay, Wellington 6011**

If you need more help filling in this form, please call (04) 462 6660 or email hrrt@justice.govt.nz

or visit www.justice.govt.nz/hrrt