

THE HUMAN RIGHTS REVIEW TRIBUNAL

Enforcement of 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 defendant in an application for an access order under section 104 of the Privacy Act 2020 and you wish to file a Reply in response to the application.

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 plaintiff(s).
- Answer every question on the form unless the instructions tell you otherwise.

Please fill in all sections below:

Plaintiff's name _____
First Middle Surname

Second Plaintiff _____
(if applicable) First Middle Surname

Third Plaintiff _____
(if applicable) First Middle Surname

Step 1. Defendant(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.

In what language? _____

No.

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 plaintiff/s.

Name and signature (first defendant)

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 defendant.

Representative's signature

Date

Second defendant (if applicable)

Name

First _____ Middle _____ Surname _____

Phone/mobile number

Preferred contact option for this application. 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 plaintiff/s.

Name and signature (second defendant)

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 defendant.

Representative's signature

Date

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

Please state your response to the application for an access order, or any other information you wish to provide.

Has the Privacy Commissioner issued you with the access direction the appeal relates to?

1. _____

2. _____

Has the Privacy Commissioner amended or cancelled the access direction?

1. _____

2. _____

Have you lodged an appeal with the tribunal against the access direction?

1. _____

2. _____

Have you complied with the access direction in full or in part?

1. _____

2. _____

Set out the grounds on which you oppose the Tribunal issuing an access order to enforce the access direction:

1. _____

2. _____

3. _____

4. _____

Name and signature (first defendant) Date

Name and signature (second defendant) Date

Step 3. Do a quick check

Before sending in this form – check:

- You have answered every question
- You have responded to each point in the application
- You have signed and dated this form

You have attached the following documents and served them on all plaintiff/s and other parties (if applicable):

- Four physical copies of your 'Reply' to the application
- Please tick to confirm you have served a copy of your 'Reply' on all other parties (if applicable).

Step 4. 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