



Accident Compensation Appeals District Court Registry

For more information visit www.justice.govt.nz/tribunals

Notice of Appeal



What is this form for?

This form is used to lodge an appeal against your recent review decision. It will also inform the other parties and the District Court Registry what your appeal is based on. This form is prescribed under Regulations 6 & 7 of the Accident Compensation (Review Costs and Appeals) Regulations 2002.

Important Information

1. Please print clearly.
2. You may return this 'Notice of Appeal' and all relevant documents by post or email to the District Court Registry address at the end of this form.
3. This form must be lodged with the District Court Registry within 28 days after the date on which the reviewer gives you a copy of the review decision. This 28 day period starts the day after the decision is posted or emailed to you.

Definitions

Appellant	An appellant is the person who appeals a decision.
Respondent	The term used to refer to any other party or parties to the appeal.
Mistake of Law	A mistake of law is when an error is made in how the law was applied to a case. The error is made by the person making the decision (reviewer).
Reviewer	The Reviewer is the person who made the decision you are appealing.
Quashed	When a decision is quashed, it is no longer valid.

**IN THE DISTRICT COURT
AT WELLINGTON**

**I TE KŌTI-Ā-ROHE
KI TE WHANGANUI-A-TARA**

Under the Accident Compensation Act 2001

In the matter of an appeal against either a review decision under section 145 or 146 or a decision as to an award of costs and expenses under section 148

Notice of Appeal to the District Court

Section 151, Accident Compensation Act 2001

Take notice that the appellant appeals against a decision made under section (either section 145, 146 or 148) of the Accident Compensation Act 2001 on an application for review.

Please fill in all sections below:

Part 1: Appellant

What is your name?

Surname(s)
First name(s)
Middle name(s)

Where do you live?

Flat/house number	Street name	
Suburb	City/town	Post code

Contact details?

Email address	
Daytime contact phone number ()	Mobile

*If you give us your email address we can use this to send you emails regarding your appeal

Please inform the Registry if your contact details change before your case is heard.

Have you appointed a representative? (Please tick) Yes No

Representative's details and address for service

Surname(s)	Title
First name(s)	
Firm	<input type="checkbox"/> Lawyer or Advocate
Address for service	
Email address	
Daytime contact phone number ()	Mobile

*If you approve a representative an **Authority to Act form** must be completed

Are you represented by a lawyer? (Please tick) Yes No

Lawyer's details and address for service

Surname(s)	
First name(s)	
Firm	<input type="checkbox"/> Lawyer or Advocate
Address for service	
Email address	
Daytime contact phone number ()	Mobile

*If you approve a representative an **Authority to Act form** must be completed

Part 3: Grounds (What are your reasons for appealing this decision?)

(For example, that the decision appealed against includes the following mistakes of fact or law...)

The appellant bases this appeal on the following grounds:

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

Part 4: Relief sought (What do you want the Court to do for you?)

(Please outline the relief you are requesting. An example of relief requested may be that the review decision be quashed)

The appellant seeks the following orders:

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

A copy of the decision appealed against must be attached to this notice of appeal as required by regulation 6(1) (b) of the Injury Prevention, Rehabilitation, and Compensation (Review Costs and Appeals) Regulations 2002.

(Please tick to confirm)

Appellant's signature	Date	/	/	(day / month / year)
-----------------------	------	---	---	----------------------

District Court Registry Contact Details



Accident Compensation Appeals District Court Registry
c/o Tribunals Unit
DX SX11159
Wellington



Accident Compensation Appeals District Court Registry
c/o Tribunals Unit
Level 1, 86 Customhouse Quay
Wellington 6011



Email: AppealsACR@justice.govt.nz



Ph: (04) 462 6660