



# Accident Compensation Appeals District Court Registry

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

## Authority to Act



### What is this form for?

This form must be completed if you wish a representative, whether a lawyer or an advocate, to act on your behalf on the appeal.

Unless this form is completed, the District Court Registry will be unable to recognise the authority of your representative to act on your behalf. You can terminate the authority at any time by giving notice in writing to the District Court Registry (managed by Tribunals Unit, Wellington).

### Important Information

1. Please print clearly.
2. You may return this form by post, email or in person to the Tribunals Unit address at the end of this form.

### Part 1: Appellant

Appeal Name (Parties)

ACR Number (if known)

#### What is your name?

Surname(s)

First name(s)

#### What is your address for service?

Street

Suburb

City/town

Post code

#### Contact details?

Daytime contact phone number (     )

Mobile

Email address

## Part 2: Representative

### Who do you want to appoint as your representative?

Full name of representative

Organisation

### Representative address for service

Street

Suburb

City/town

Post code

### Representative's Contact details

Daytime contact phone number (    )

Mobile

Email address

## Part 3: Time Period

### How long do you wish your nominated person to act on your behalf?

Start Date    /    /    (day / month / year)

End Date    /    /    (day / month / year)

Or: Indefinitely (please tick)  This person will be your agent for this case until you advise otherwise

## Part 4: Declarations

### Appellant's declaration

I agree to the appointment of the representative named in this form.

The information I have provided on this form is true and complete.

Appellant's signature

Date    /    /    (day / month / year)

### Representative's declaration

I agree to the appointment of the representative named in this form.

The information I have provided on this form is true and complete.

Representative'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  
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