




The Human Rights Review Tribunal

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

Statement of Reply

Office use only: **HRRT No** _____

 **What is this form for?** Use this form if you are named as a defendant in a 'Statement of Claim' and wish to file a 'Statement of Reply' in response to the allegations made against you.

- Important Information**
1. Please print in CAPITAL LETTERS
 2. It is important that you respond to every allegation you wish to defend.
 3. You need to file this 'Statement of Reply' along with three additional copies of all of the papers, by posting them to the Secretary of the Tribunal, address at the end of this form. You must also serve a copy of this 'Statement of Reply' on the plaintiff(s) and the other party.

Please fill in all sections below:

In the Human Rights Review Tribunal between:

Plaintiff's name

Second plaintiff's name (if applicable)

Third plaintiff's name (if applicable)

AND

Part 1: Defendant

First defendant's contact details

Surname(s)

First name(s)

or company name

Occupation:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Who should we contact about matters involving this claim? (Please tick one)

Contact me

Contact my representative

First defendant's representative

The first defendant is being represented by:

Representative's full name:

Company name (if applicable):

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Second defendant's contact details (if applicable)

Surname(s)

First name(s)

or company name

Occupation:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Who should we contact about matters involving this claim? (Please tick one)

Contact me

Contact my representative

Second defendant's representative

The second defendant is being represented by:

Representative's full name:

Company name (if applicable):

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Part 2: What are your grounds for opposing the claim?

Here state your response to the allegations that have been made against you in the Statement of Claim, or any other information you wish to provide. Please respond to each allegation as it is numbered in the 'Statement of Claim'.

Take notice that the defendant(s) oppose/s the claim and reply as follows:

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

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

First defendant's signature	Date	/	/	(day / month / year)
Second defendant's signature	Date	/	/	(day / month / year)

Part 3: Checklist

Before you submit this form, please check that:

- You have answered every question
- You have responded to each allegation you wish to defend
- 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):

- Multiple copies (x3 copies) of your 'Statement of Reply'
- Please tick to confirm you have served a copy of your 'Statement of Reply' on all other parties (if applicable).

Tribunal Contact Details

 The Secretary
The Human Rights Review Tribunal
Tribunals Unit
SX 11159, Wellington

Level 1, 86 Customhouse Quay, Wellington 6011

www.justice.govt.nz/hrvt

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