



# Accident Compensation Appeals District Court Registry

For more information visit [www.justice.govt.nz/tribunals](http://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 Appeals Registry what your appeal is based on. This form is prescribed under Regulations 6 & 7 of the Injury Prevention, Rehabilitation, and 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 to the Appeals Registry address at the end of this form.
3. This form must be lodged with the Appeals 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 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**Quashed** When a decision is quashed, it is no longer valid.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 advise 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 counsel instructed by your representative? (Please tick)     Yes     No

### Counsel'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)
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### Registry Contact Details

 Tribunals Unit  
Accident Compensation Appeals District Court Registry  
DX SX11159 Wellington

Ph: (04) 462 6660  
Email: AppealsACR@justice.govt.nz

Level 1, 86 Customhouse Quay, Wellington 6011

[www.justice.govt.nz/tribunals](http://www.justice.govt.nz/tribunals)