




# Accident Compensation Appeal Authority

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

## Notice of Appeal

 **What is this form for?** Use this form to lodge an appeal against your review decision. This Notice of Appeal will tell the other party and the Appeal Authority what your appeal is based on. In general this Authority deals only with appeals under the now repealed Accident Compensation Act 1982. You are therefore strongly advised to refer to the webpage for the Accident Compensation Appeals [District Court Registry](#).

**Important information**

1. Please print in CAPITAL LETTERS
2. You may return this Notice of Appeal and all relevant documents by post to the Accident Compensation Appeal Authority at the address at the end of this form.

Please fill in all sections below:

### Part 1: Applicant

#### 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

#### What is your mailing address? (If different from above)

Post code

#### How can we contact you?

Email address

Daytime contact phone number ( )

Mobile

If you give us your mobile number or email address we can use these to send you text messages or emails regarding your case.

**Please advise the Authority if your contact details change before your case is heard.**

## Part 2: What decision are you appealing?

What is the number of your review decision?

What location was your review held at? (eg, Wellington)

What was the name of your reviewer?

What date was your review held? / / (day / month / year)

What date did you receive the decision? / / (day / month / year)

## Part 3: What are the grounds for your appeal?

What are your reasons for appealing this decision?

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

**The applicant bases this appeal on the following grounds:**

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

## Part 4: What relief are you seeking?

What do you want the Authority 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 applicant seeks the following orders:**

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

Please tick to confirm you have attached a copy of the decision appealed.

Applicant's signature: / / (day / month / year)

## Tribunal Contact Details

 Tribunals Unit  
Accident Compensation Appeal Authority  
Private Bag 32-001, Panama Street, Wellington 6146

Ph: (04) 462 6660  
Fax: (04) 462 6686  
Email: tribunals@justice.govt.nz

Level 1, 86 Customhouse Quay, Wellington 6011

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