

THE HUMAN RIGHTS REVIEW TRIBUNAL



Enforcement of access direction

(under the Privacy Act 2020)

Office use only: **HRRT No**

When to use this form

Use this form when applying for an order requiring the agency to comply with the access direction under section 104 of the Privacy Act 2020.

Completing this form

- Print clearly in CAPITALS. Use a black pen or blue pen when completing this form.
- Please file four physical copies of this application either by post or by handing them in to the Secretary of the Tribunal at the address shown at the end of this form. If you are filing this application against two or more defendants, you must add an extra copy for each additional defendant. For example: 1 defendant = 1 original + 3 copies; 2 defendants = 1 original + 4 copies; and so on.
- Answer every question on the form unless the instructions tell you otherwise.

Before you continue

Please tick to confirm the following:

The Privacy Commissioner has issued an access direction against the agency.

The agency has not complied with the access direction or has not complied in full.

The agency has not lodged an appeal within 20 working days from the date of the notice given to the parties under section 91(7) of the Privacy Act 2020.

Step 1. Plaintiff(s) (please provide your details)

If there is more than one plaintiff, fill out one section for each plaintiff. If you need additional space, please attach a separate sheet of paper.

If you are using a representative (a lawyer or an authorised person acting on your behalf), please give their details too. If your representative is not a lawyer, you need to give him or her the authority to act on your behalf.

First plaintiff

Name _____
First Middle Surname

Phone/mobile number _____

Preferred contact option for this application Please choose one and give the details.

Email Postal address

Email address _____

Postal address _____
Street

Suburb City

State (if outside NZ) Post code

Country

Do you require an interpreter during the hearing?

Yes.
In what language? _____

No.

Do you have a representative (a lawyer or an authorised person acting on your behalf)?

Yes.

No. Then proceed to Step 2

If yes, please fill in the details below.

Tick the relevant box:

My representative is my lawyer.

My representative is a non-lawyer and I give my authorisation for this person (named below) to act on my behalf against the defendant.

Name and signature (first plaintiff)

Date

Name of lawyer or authorised representative _____

Name of company (if applicable) _____

Phone/mobile number _____

Email address _____

Postal address

Street _____

Suburb _____ City _____

State (if outside NZ) _____ Post code _____

Country _____

I agree to accept all notices and other communications relating to this application on behalf of the plaintiffs.

Representative's signature

Date

Second plaintiff (if applicable)

Name _____
First Middle Surname

Phone/mobile number _____

Preferred contact option for this application. Please choose one and give the details.

Email Postal address

Email address _____

Postal address

Street _____

Suburb _____ City _____

State (if outside NZ) _____ Post code _____

Country _____

Do you require an interpreter during the hearing?

Yes.
In what language? _____

No.

Do you have a representative (a lawyer or an authorised person acting on your behalf)?

Yes.

No. Then please go to Step 2

If yes, please fill in the details below.

Tick the relevant box:

My representative is my lawyer.

My representative is a non-lawyer and I give my authorisation for this person (named below) to act on my behalf against the defendant.

Name and signature (second plaintiff) Date

Name of representative _____

Name of company (if applicable) _____

Phone/mobile number? _____

Email address _____

Postal address

Street

Suburb City

State (if outside NZ) Post code

Country

I agree to accept all notices and other communications relating to this application on behalf of the plaintiffs.

Representative's signature Date

Step 2. Defendant (Who are you filing this claim against? Please provide details of the agency as described in the access direction.)

Name of agency _____

Phone/mobile number _____

Email Address _____

Postal address

Street _____

Suburb _____ City _____

State (if outside NZ) _____ Post code _____

Country _____

Step 3. Facts of the case (tell us why you are filing this application)

Please tick the boxes that apply to you.

The Privacy Commissioner has issued an access direction against the agency.

The agency has not lodged an appeal within 20 working days from the date of the notice given to the parties under section 91(7) of the Privacy Act 2020.

The agency has not complied with the access direction or has not complied in full.

Please attach a copy of the access direction issued by the Privacy Commissioner.

State briefly and clearly the facts giving rise to your application:

1. _____

2. _____

3. _____

Has the agency complied with the access direction in part? If so, describe how the access direction has been complied with.

1. _____

2. _____

3. _____

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

Step 4. What access order(s) do you want the Tribunal to make?

With reference to section 104 of the Privacy Act 2020, state the access orders that you want the Tribunal to make.

1. _____

2. _____

3. _____

Name and signature (first plaintiff)

Date

Name and signature (second plaintiff)


Date


Step 5. Do a quick check

Before sending in this form – check:

You have answered every question

You have signed and dated this form

 You have attached the access direction

 You have attached four physical copies of this application (as per the instruction at the beginning of this form)

Step 6. Send in this form

Please hand in the completed form and additional copies to the Secretary at the address below or post to:

**The Secretary
The Human Rights Review Tribunal
Tribunals Unit
Ministry of Justice
SX 11159, Wellington
Level 1, 86 Customhouse Quay, Wellington 6011**

If you need more help filling in this form, please call (04) 462 6660 or email hrrt@justice.govt.nz

or visit www.justice.govt.nz/hrrt