



Workers Compensation
Commission

March 2019

Matter No:

- 20

Response

Response to Application for Leave to Refer a Question of Law

This is the approved form to respond to an application by a party to a dispute, or the Arbitrator, seeking leave to refer a question of law.

This Response, and supporting documentation, must be served on each party to the proceedings prior to lodgment in the Commission.

Applicant:

Respondent:

Filed by:

- | | | |
|---|--|--|
| <input type="checkbox"/> Worker | <input type="checkbox"/> Employer | <input type="checkbox"/> Self-insurer |
| <input type="checkbox"/> Worker representative | <input type="checkbox"/> Employer representative | <input type="checkbox"/> Insurer/scheme agent representative |
| <input type="checkbox"/> Dependant | <input type="checkbox"/> Scheme agent* | <input type="checkbox"/> icare |
| <input type="checkbox"/> Dependant representative | <input type="checkbox"/> Specialised insurer | |

**Note scheme agent means scheme agent for the nominal insurer*

NOTICE TO PARTIES

Please note that the information contained in the 'notes' to this Form is provided as general information only and does not constitute legal advice. The relevant legislative provisions governing the workers compensation jurisdiction should be consulted before submitting this form to the Workers Compensation Commission.

A response to an application by a party for leave to refer a question of law is to be lodged with the Commission and served on the State Insurance Regulatory Authority and the other parties to the proceedings within 14 days of being served with the application (Pt 16 r 16.1(4) of the Workers Compensation Commission Rules 2011).

The President is not to grant leave for the referral of a question of law unless satisfied that the question involves a novel or complex question of law (s 351(3) of the *Workplace Injury Management and Workers Compensation Act 1998*).

PART 1 – Respondent’s Details

1.1 Respondent details

Name of respondent:

ABN:

Postal or DX address:

Postcode:

Contact person: (if applicant
is a business or
organisation)

Email address:

Phone number:

1.2 Respondent representative details

Complete this section only if the respondent has a representative

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Email address:

Phone number:

Details of the Response to the Question of Law

The following should be carefully considered prior to completing this Response:

- Section 351 of the *Workplace Injury Management and Workers Compensation Act 1998*
- Part 16 r 16.1 of the *Workers Compensation Commission Rules 2011*
- [Practice Direction No 5](#) – Question of Law

An application for leave to refer a question of law made by a party or by an Arbitrator will be put before the President **only where the relevant documents have been provided.**

Formatting of written submission

Written submissions **must** be attached to and filed with the Response. They must be typed or written clearly, paginated and set out as illustrated below with sequentially numbered paragraphs and appropriate sub-headings where necessary. The person who prepares the written submissions must sign them at the foot of the document and provide his/her contact details.

PART 2 – Submissions put in Reply to an Application Initiated by a Party or the Arbitrator

Any submissions in response to the Application **must** be filed within 14 calendar days of the Application being served and must address the following:

2.1 Why the question is/is not novel or complex (s 351(3) of the 1998 Act and Pt 16 r 16.1(4) of the 2011 Rules)

Written submissions detailing why the question of law is/is not complex.

2.2 Submissions on the question of law

Written submissions must detail the party's position on the question of law.

A statement agreeing with the facts asserted by the applicant for leave, or a supplementary statement of facts.

2.3 On the papers

Written submissions must include a statement as to whether the matter should be determined on the papers, and if not, why not.

2.4 Authorities

Has a list of the authorities (including full citation for published decisions and the date of the decision for unreported cases) referred to and specifically relied upon in submissions been attached to this Response? Yes No

PART 3 –Certificate of Service

List the documents, names of parties or persons served, the date of service and method of service.

Document	Name of party or person to the dispute	Service date	Method of service (eg. By hand, DX, fax etc)
		/ /	
		/ /	
		/ /	
		/ /	

PART 4 – Certification and Signature

I
(insert name) hereby certify that a copy of the response (including any attachments) has been served on each party, or person, on the date/s stated in the table above.

Signature of person lodging form: _____ Date: / /

Lodgment Details

Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010
Postal address	PO Box 594 Darlinghurst NSW 1300
Document exchange	DX 11524 Sydney Downtown
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	1300 368 018

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (for example a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access his/her personal information and correct any inaccuracies.