Form P51

Answer (Money Claim)

|  |  |
| --- | --- |
| **Case Number** |  |

### About this form

* If you dispute the whole or any part of the applicant’s claim, this Answer must be completed **not more than fourteen (14) days** from the date of service of the Money Claim upon you.
* The answer should be returned to the SAET Registry with a copy served on all other parties.
* **Failure to do so within fourteen (14) days may mean that an order is made or judgment given against you in your absence without further notice.**

### Details of the Applicant

|  |  |
| --- | --- |
| Applicant |  |
| Address |  |

### Details of the Respondent

|  |  |
| --- | --- |
| Organisation | *(If corporate entity include full name/trading name if applicable)* |
| Title | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (specify): |
| First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |
| Mailing address (if different from above |  |
| Contact Details | Contact person:Work phoneHome phoneMobile phone:Email: |
| Is an interpreter required? | [ ]  No [ ]  Yes, language/dialect: |
| Is anyone representing you? | [ ]  No [ ]  Yes. Please specify below |

### Representative detail (if required)

|  |  |
| --- | --- |
| Organisation |  |
| Contact First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |

### Other legal proceedings

|  |  |
| --- | --- |
| Are there other legal proceedings with Applicant | ⬜ No |
|  | ⬜ Yes (proved details below) |
| Other legal proceedings |  |

### Answer to the applicant’s claim

|  |  |
| --- | --- |
|  | ⬜ You admit liability wholly (go to Lodgement) |
|  | ⬜ You deny liability wholly |
| Reasons you deny liability |  |
|  | ⬜ You deny liability in part |
| Part of claim admitted |  |

# LODGING YOUR COMPLETED FORM

The answer should be submitted to the SAET Registry and copies served on all other parties.

|  |  |
| --- | --- |
| Name of person lodging |  |
| Signature |  |
| Date |  |

Please lodge this form, together with any accompanying documents, with the South Australian Employment Tribunal:

Email: saet@sa.gov.au
Post: PO Box 3636, Rundle Mall, SA, 5000
In person: Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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| --- |
| **PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS** |