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 phone  Home phone  Mobile 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](mailto: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** |