Form P55

Third Party Action

### About this form

* This is the approved form to apply for SAET to introduce a third party into an action by a respondent to the primary action where the third party is not already a party to the application.
* This application is to be supported by a Statement of Claim.
* A fee is payable on lodgement.
* This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

# Existing Case details

|  |  |
| --- | --- |
| SAET Case number |  |
|  |  |
| Name of Applicant(s) (as per SAET correspondence): | |
|  | |
| Name of Respondent(s) (as per SAET correspondence): | |
|  | |
| Name of Other Party(s) (as per SAET correspondence): | |
|  | |
| **Name of Cross-Claimant who is making the claim against the third party:** | |
|  | |

# THIRD PARTY *(PARTY against whom claim is being made)*

|  |  |
| --- | --- |
| Third Party is an: | |
| Individual | |
| Organisation – specify | Organisation legal name |
|  |
| Organisation trading name |
|  |

#### Contact details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Given name | | | | | |  | Other given names | | | | |  | Family name | | |
|  |  |  | | | | | |  |  | | | | |  |  | | |
| Job title | | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |
| Unit number | |  | Street number | | |  | Street name / PO Box | | | | |  | Street type (eg Street, Road, Drive) | | | | |
|  | |  |  | | |  |  | | | | |  |  | | | | |
| Suburb | | | | | | | | | |  | State | | | | |  | Postcode |
|  | | | | | | | | | |  |  | | | | |  |  |
| Phone | | | |  | Mobile | | | | |  | Email (if provided, correspondence will be emailed) | | | | | | |
|  | | | |  |  | | | | |  |  | | | | | | |

***NOTE TO THIRD PARTY***

*Please see full ‘Notice to Third Party’ enclosed at the end of this form.*

Fees

Fees are payable in these proceedings. Visit [https://www.saet.sa.gov.au/resources/fees](https://www.saet.sa.gov.au/resources/fees/) for information on the fees payable including how to pay.

|  |  |  |
| --- | --- | --- |
| Fee type |  | Amount payable |
|  |  |  |
| Credit Card Payment Receipt Number: |  | Electronic Funds Transfer (EFT) Transfer Date: |
|  |  |  |

LODGING YOUR COMPLETED FORM

By lodging this application, I declare that:

* I am the applicant or I am legally authorised to lodge this application
* To the best of my knowledge, all information provided in this application is true and correct
* I will attach all relevant supporting documents to this application form
* I understand that the information provided will be used to determine eligibility to initiate proceedings
* I understand that a copy of this application, and any supporting documents, may be sent to others who may have a direct interest in the proceedings. The *South Australian Employment Tribunal Act 2014* governs what information is available to be viewed publicly.

|  |  |  |
| --- | --- | --- |
| Name of person lodging the application |  | Date |
|  |  |  |

To lodge your completed form and any supporting attachments:

1. **Save the form and any supporting attachments to your computer** (Note – SAET does not require a signed version so there is no need to print and scan)
2. **Lodge the form and any supporting attachments:** 
   * **Online** at[www.saet.sa.gov.au/existingcase](http://www.saet.sa.gov.au/existingcase) (preferred); or
   * **By email** to [saet@sa.gov.au](mailto:saet@sa.gov.au)

# NOTICE TO THIRD PARTY

This action has been brought by the Applicant(s) against the Respondent(s). The Applicant’s claim against the Respondent is set out in the copy *Dust Diseases Civil Action / General Civil Action* (delete whichever is inapplicable) and *Statement of Claim* attached.

The Cross-Claimant (detailed below) makes a third party claim against you or which may affect you. Details of the claim and relief sought are contained in the accompanying *Statement of Claim*.

### Action required

If you wish to defend the claim, you must:

(a) file a *Notice of Party or Representative Details* within 14 calendar days after service of this Third Party Action on you; and

(b) file a *Defence* within 28 calendar days after service of the Statement of Claim relied on by the Third Party Claimant on you.

If a *Notice of Party or Representative Details* and a *Defence* is not filed within the time stated, you will not be entitled to challenge and you will be taken to have admitted the Cross-Claimant’s claim against you. A judgment in respect of such liability may be given against you in your absence and without further notice.

The *Notice of Party or Representative Details* must be filed with the Court. If you do not have a solicitor, you may personally do this. The Court’s Registry address and contact details appear above.

### Endorsements

This Third Party Action is issued pursuant to:

|  |  |
| --- | --- |
| Legislation | Section number and Act |
|  |
| SAET Rules | Rule number of the South Australian Employment Tribunal Rules |
|  |

### Accompanying documents

This *Third Party Action* must be accompanied by a *Statement of Claim* by the Cross-Claimant.

# CROSS-CLAIMANT’s Details *(who is making the claim against the third party)*

|  |  |
| --- | --- |
| Cross-Claimant is an: | |
| Individual | |
| Organisation – specify | Organisation legal name |
|  |
| Organisation trading name |
|  |

#### Contact details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Given name | | | | | |  | Other given names | | | | |  | Family name | | |
|  |  |  | | | | | |  |  | | | | |  |  | | |
| Job title | | | | | | | | | |  | Date of birth (individual parties only) | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |
| Unit number | |  | Street number | | |  | Street name / PO Box | | | | |  | Street type (eg Street, Road, Drive) | | | | |
|  | |  |  | | |  |  | | | | |  |  | | | | |
| Suburb | | | | | | | | | |  | State | | | | |  | Postcode |
|  | | | | | | | | | |  |  | | | | |  |  |
| Phone | | | |  | Mobile | | | | |  | Email (if provided, correspondence will be emailed) | | | | | | |
|  | | | |  |  | | | | |  |  | | | | | | |

### Cross-Claimant’s representative details (if applicable)

|  |  |
| --- | --- |
| Type of representative | |
| Legal  Employer association  Union | |
| Organisation name |  |

#### Representative contact details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Given name | | | | | | |  | Family name | | | | |
|  |  |  | | | | | | |  |  | | | | |
| Unit number | | |  | Street number | | |  | Street name / PO Box | | |  | Street type (eg Street, Road, Drive) | | |
|  | | |  |  | | |  |  | | |  |  | | |
| Suburb | | | | | | | | |  | State | | |  | Postcode |
|  | | | | | | | | |  |  | | |  |  |
| Phone | | | | |  | Mobile | | |  | Email (if provided, correspondence will be emailed) | | | | |
|  | | | | |  |  | | |  |  | | | | |