

# APPLICATION – DUST DISEASES CIVIL ACTION



Case number (SAET use only)

## About this form

- This is the approved form to commence civil action proceedings in SAET (as the South Australian Employment Court) under section 4(A) of the *Dust Diseases Act 2005*. This form will also commence an action for damages in respect to a dust-related condition pursuant to section 3(2) *Survival of Causes of Action Act 1940*.
- This application is to be supported with a Statement of Claim. The Statement of Claim may be lodged later, however it must be provided within 21 days of service of this application on any party and no later than 6 months from lodging this form.
- A 'Summons' fee (as per *District Court Regulations 2004*) is payable to SAET before proceedings can commence. Go to [www.saet.sa.gov.au](http://www.saet.sa.gov.au) for more information regarding fees.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

## 1 TYPE OF APPLICATION

This application relates to:

- Dust disease action (section 4A of the *Dust Diseases Act 2005*) (DD-01)

## 2 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET involving the same parties to this application?

If Yes, provide Case number

- No  Yes

## 3 URGENCY OF MATTER

I request that SAET schedule a Directions Hearing:

- Once a *Notice of Party or Representative Details* form has been lodged by the Respondent; or
- No later than Date

## 4 PARTIES (SUMMARY) *DO NOT COMPLETE*

This section will auto-populate with details you provide in [Attachment 1 - Parties \(Detail\)](#) (enclosed at the end of this form) which must be completed prior to lodgement.

Name (Party type)

Contact's last name

### Plaintiff

Representative  
(if applicable)

### Defendant 1

### Defendant 2

If there are more parties to this application than this form provides for, please also complete an 'A10 - Details of Additional Party' (available from [www.saet.sa.gov.au](http://www.saet.sa.gov.au)) form for all other parties and submit with your application.

## 5 APPLICATION DETAILS

### Endorsement of claim

Name of person who suffered the disease(s)

Due wholly or partly attributable to a breach of duty owed to the abovementioned person who suffered the disease(s) by the parties named herein, the application claims damages:

- for or in relation to the relevant diseases specified below; or
- for the death as a result of the relevant diseases specified below.

Specify the relevant disease(s)

### Statement of claim

This application must be supported by a Statement of Claim. The Statement of Claim may be lodged later, however, it must be provided within 21 days of service of this application on any party.

- Statement of Claim is attached to this application
- Statement of Claim is not attached to this application but will be provided within 21 days of service of this application on any party

### Supporting attachments

Provide a brief description of any attachments supporting this application.

## 6 FEES

District Court (civil) fees are payable in these proceedings. For up-to-date fees, refer to the relevant Regulations or go to [www.saet.sa.gov.au](http://www.saet.sa.gov.au) for more information.

Fee type

Amount payable

<input type="text"/>	<input type="text"/>
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### Payment options

- State Crown exempt** Exempt from paying fees under the *Crown Proceedings Act 1992*
- 
- Credit card** (visa or MasterCard) Online - go to [www.saet.sa.gov.au](http://www.saet.sa.gov.au)  
Phone - call SAET Registry on 08 8207 0999  
Provide your receipt number for reference:
- 
- Electronic Funds Transfer (EFT)** Acc name: Department of Treasury and Finance Operating Account Please include "SAET-<your name>" in the bank reference field  
BSB: 065-266  
Acc No: 10019338 Date transfer made:
- 
- Cheque** Make cheques the "South Australian Employment Tribunal" and submit by:  
In person - Registry, Level 6, Riverside Centre, North Terrace, Adelaide, 5000  
Post - PO Box 3636, Rundle Mall, SA, 5000 (enclose a copy of this form)

## 7 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:**

1. **Save** it to your computer - SAET does not require a signed version so there is no need to print and scan
2. **Email** it with any supporting documents to [saet@sa.gov.au](mailto:saet@sa.gov.au).

*Ensure you complete Attachment 1: Party (Detail) enclosed over the page*

## ATTACHMENT 1 - PARTIES (DETAIL)

### A. Plaintiff

Are you (the Plaintiff) an individual or lodging on behalf of an organisation?

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)

Do you require an interpreter?

No  Yes – specify language / dialect

Do you have any other special requirements?

No  Yes – specify requirements

### Applicant representative details

Are you (the Applicant) represented?

Yes  No – go to **B Respondent**

Type of representative

Legal  Employer association  Union  Advocate

Is the representative an individual or acting on behalf of a representative organisation?

Individual

Organisation – specify

Representative 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)

## B. Defendant 1

Defendant 1 is an:

Individual

Organisation – specify

Organisation legal name

Organisation trading name

### Contact details

Title

Given name

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)

## C. Defendant 2

Defendant 2 is an:

Individual

Organisation – specify

Organisation legal name

Organisation trading name

### Contact details

Title

Given name

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)