

## In the District Court of New South Wales

### Special Statutory Compensation List

#### Statement of Claim

(If amended application precede with first, second, etc as applicable and add matter number to heading)

By a fire fighter / worker / member of the Police Force / registered player / registered participant / enrolled participant seeking an original award / a review of an existing award in matter no:

Under the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987, Workers Compensation (Dust Diseases) Act 1942, Police Regulation (Superannuation) Act 1906, Sporting Injuries Insurance Act 1978 (delete where irrelevant).

Note:

1. If this is an amended application, information that has been added or varied must be clearly identified by being italicised or underlined.
2. Applications seeking the review of an existing award must be accompanied by a copy of the original award.

#### Plaintiff

(Injured Person's details - if the plaintiff is not the injured person, e.g. a tutor or guardian, details of both the plaintiff and the injured person are required)

Given names:

Family name:

Date of birth:

Sex:

Address:

#### Defendant

Name: WorkCover Authority of New South Wales / Sporting Injuries Committee / Workers Compensation (Dust Diseases) Board / Commissioner of Police / State Authorities Superannuation Board (delete where irrelevant)

Address:

## **Plaintiff's Solicitor**

Firm name:

Solicitors name:

DX:

Reference:

Telephone:

Fax:

Address for service (not DX):

Application is hereby made, particulars of which are set out herein, for the determination of the liability of, and amount of compensation payable by, the Defendant.

For applications seeking the review of an existing award, substitute - Application is hereby made, particulars of which are set out herein, with respect to the review of the weekly payments awarded under the said Act in respect of the injury received by the Plaintiff.

Signature (Solicitor for the Plaintiff)

## **Notice to the Defendant**

You are liable to have an Award for the compensation claimed or other order made against you unless, within 28 days after service of the Application for Determination upon you, you file an Answer in the Registry of the Court and you comply with the Rules of the Court in defending this matter.

Registrar of the Court

## Listing Information

- A. State the desired venue for the hearing:  
(Available Courts - Sydney, Newcastle or Wollongong or a circuit town selected from the Court's calendar for the current year)
- B. State day or days of the week desired for the hearing:  
(Available days - any day, Monday to Friday)
- C. If this application related to benefits under the Workers Compensation Act 1987, state whether the application involves the following (delete where irrelevant):
- sections 61, 62, 63 or 63A - increase in liability of employer for medical and related treatment, hospital, ambulance or occupational rehabilitation expenses
  - section 76 or 77 - increase in liability of employer for damage to artificial limbs, spectacle or damage to clothing
  - section 83 - manner of payment of compensation
  - section 85 - payment to the WorkCover Authority for the benefit of beneficiaries
  - section 16 - 1926 Act
  - section 66 up to \$40,000 and over, excluding back, neck, or brain damage
  - section 66 back, neck or brain damage
  - section 67 - 1987 Act

## Particulars

1.
  - a) Date of injury (if over a period of time, state the period as accurately as possible):
  - b) Place where the injury happened:
  - c) What work (use 'activity' for Sporting Injuries applications) was being done at the time of injury?
  - d) How did the injury occur (for review applications, state the grounds on which the increase is sought):
2.
  - a) Nature of the injury:
  - b) Incapacity for work (state whether total, partial or partial claimed as total and the periods for each (leave this blank for Sporting Injuries and review applications):

3.

Particulars of compensation claimed:

- Specify the benefit claimed under the relevant act.
- Details of claims under section 66 of the Workers Compensation Act 1987 must be in terms of the Table of Compensation for Permanent Injuries in the Act.
- Details of claims under the Sporting Injuries Insurance Act 1978 must be in terms of the Benefits Tables contained in Schedule 1 to that Act

(Fill in below)

- a) Lump sum \$
- b) \$            per week under section
- c) Other (specify):
- d) Interest:

4.

- a) Date of notice of injury:
- b) Date of notice of incapacity given:
- c) Date of claim for compensation:
- d) Reason for omission of any notice (leave blank for Police Superannuation and Sporting Injuries applications):

5.

- a) Workers current weekly wage rate:
- b) Workers average weekly earnings:
- c) Workers actual weekly earnings during periods claimed (leave blank for Police Superannuation and Sporting Injuries applications):

6.

Payment, allowance or benefit received from the employer during the period of incapacity and the date on which the payment ceased (leave blank for Police Superannuation and Sporting Injuries applications):

7.

Where the injury is a disease contracted by a gradual process, the names and address of all other employers by whom the injured person was employed during the twelve months previous to date on incapacity in any employment to the nature of which the disease (leave blank for Police Superannuation, Sporting Injuries and review applications):

8.

Name, date of birth and relationship to injured person of each person alleged to be dependant upon the injured person and the extent of the alleged dependency (leave blank for Sporting Injuries applications):

9.

a) Date of the decision that is subject of this application:

b) Date when the application was notified of the decision:

c) Particulars of the decision: (a copy of decision must be annexed) (only complete for Police Superannuation applications):

**Note: Further particulars may be appended.**

**Particulars must be given of any facts alleged, failure to give which may take the respondent by surprise.**