Form 7

Application for removal of matter to Employment Court

[r 12](https://legislation.govt.nz/regulation/public/2000/0186/latest/link.aspx?id=DLM8212" \l "DLM8212)

*[Section 178](https://legislation.govt.nz/regulation/public/2000/0186/latest/link.aspx?id=DLM60965" \l "DLM60965), Employment Relations Act 2000*

Between …………………………………………………………..

[*full name, address, telephone number, email address*]

(applicant)

And …………………………………………………………..

[*full name, address, telephone number, email address*]

(respondent)

**To the respondent/applicant\***

and

**To** the Employment Relations Authority

\*Select one.

1 I apply to the Employment Relations Authority for the removal to the Employment Court for hearing and determination of the following matter/following part of the following matter\* lodged under [*file number*].

 \*Select one.

**Grounds**

2 This application is made on the following grounds: [*state grounds fully but concisely*].

**Prescribed fee**

3 This application is accompanied by the prescribed fee.

**Address for service**

4 This application is lodged by [*full name of applicant/respondent\**]/[*name of representative*] on behalf of [*full name of applicant/respondent\**]\*.

 \*Select one.

5 The [*full name of applicant/respondent\**] address for service is [*full physical or postal address to which any document may be sent*], telephone number is [*telephone number*], and email address for service is [*email address*].†

 \*Select one.

 †A full address, a telephone number, and an email address must always be supplied.

Date:

Signature:

(applicant/respondent\*)

\*Select One

***Notice to other party***

1 If you intend to defend the application for removal, you must, within 14 days after the date of the service of this application on you, lodge a statement in reply with an officer of the Employment Relations Authority.

2 The term **days** does not include any day in the period beginning with 25 December in any year and ending with 5 January in the following year.

3 You will be notified of the place, date, and time at which this application for removal will be considered.

Date:

Signature:

(Officer of the Employment Relations Authority)