



REQUEST FOR ADR CONVENOR

SECTION 1

Name of applicant(s):

Address of applicant(s):

Post Code:

Phone number of applicant(s):

Email address of applicant(s):

Name of representative: *(if applicable)*

If "Self-Represented" tick Yes

Yes *(go to "Section 2")*

No *(advise Representative details below)*

Representative company name:

Address of representative company:

Post Code:

Phone number of representative:

Email address of representative:

SECTION 2

Name(s) of respondent:

Address of respondent:

Post Code:

Phone number of respondent:

Email address of respondent:

Name of representative: *(if applicable)*

If "Self-Represented" tick Yes

Yes *(go to "Section 2")*

No *(advise Representative details below)*

Responding representative company name:

Address of responding representative company:

Post Code:

Phone number of responding representative

Email address of responding representative: *(if applicable)*

Does this matter involve more than two parties?

Yes *(please provide details on "Attachment 1")*

No

SECTION 3

Please indicate the category which best describes the nature of your dispute:

Land Valuation

Land Access

Rating Categorisation

Land Acquisition

Compensation

Mining/Environmental Objections

Other please specify:

Please summarise the nature of your dispute:



SECTION 4

Choice of ADR Process:

Mediation Court Managed Expert Evidence Case Appraisal (Note: Case Appraisal only available for pre-filed matters)

Have the parties mutually agreed to a Convenor:

No (Please go to Section 5) Yes (enter the name of the Convenor below and have the respondent(s) sign to indicate their agreement)

Name of agreed Convenor: _____

Signature of respondent(s)

Date

SECTION 5

Please complete this section to assist the Principal Registrar in nominating a Convenor:

My three preferences for a Convenor are:

The Principal Registrar will nominate a Convenor if the parties cannot agree, taking into account matters such as the nature of the dispute, location, availability and preference for Convenors, and any other relevant considerations:

Other relevant considerations (ie. cost, expertise etc.):

Please indicate your preference or latest date you would like the ADR Process to be conducted:

Within (7) days Within (2) weeks Within 30 days Later than 30 days Specific Dates _____

I/We have given a copy of this form to the responding parties and I/we have informed them that they need to advise the Principal Registrar of their preference for a Convenor and any other relevant factors for consideration within seven (7) days of receiving this form.

I/We have read and understood the Privacy Statement below.

Signature of applicant(s)

Date

Please return this form to:

Email: ADRPanel.Landcourt@justice.qld.gov.au or Post: Land Court of Queensland, GPO Box 5266, Brisbane Qld 4000

Privacy Statement

The Land Court and Tribunal Registry (which forms part of the Department of Justice and Attorney-General) is collecting information provided on and with this form to assess the suitability of the matter for dispute resolution services.

Please ensure that the personal information you provide on this form is true and correct, including the information you provide about other parties.

Any information you provide will only be used by the Registry for the purpose for which it was provided. For more information about how DJAG manages personal information please refer to DJAG's [Privacy Guide](#).



ATTACHMENT 1

Name of respondent:		
<input type="text"/>		
Address of respondent:		Post Code:
<input type="text"/>		<input type="text"/>
Phone number of respondent:	Email address of respondent:	
<input type="text"/>	<input type="text"/>	
Name of representative: <i>(if applicable/known)</i>	"Self-Represented" tick <input checked="" type="checkbox"/> Yes in the box below	
<input type="text"/>	<input type="checkbox"/> Yes	
Responding representative company name:		
<input type="text"/>		
Address of responding representative company:		Post Code:
<input type="text"/>		<input type="text"/>
Phone number of responding representative:	Email address of responding representative <i>(if applicable)</i>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>
Signature of respondent(s)		Date

Name of respondent:		
<input type="text"/>		
Address of respondent:		Post Code:
<input type="text"/>		<input type="text"/>
Phone number of respondent:	Email address of respondent:	
<input type="text"/>	<input type="text"/>	
Name of representative: <i>(if applicable/known)</i>	"Self-Represented" tick <input checked="" type="checkbox"/> Yes in the box below	
<input type="text"/>	<input type="checkbox"/> Yes	
Responding representative company name:		
<input type="text"/>		
Address of responding representative company:		Post Code:
<input type="text"/>		<input type="text"/>
Phone number of responding representative:	Email address of responding representative: <i>(if applicable)</i>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>
Signature of respondent(s)		Date