File No:

(Court Use Only)

**Form 02** | Section 77B of the *Land Court Act 2000*

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| --- |
| **NOTICE OF APPEAL TO THE LAND COURT** |

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| --- |
| **Act or Regulation under which this application is made to the Land Court:**  |
|

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| --- |
| Click to enter text. |

 |
| **Relevant Section(s):** |
|

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| --- |
| Click to enter text. |

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| **SECTION 1 – APPELLANT(S) DETAILS**(if there is more than one appellant, please click the plus button at the bottom right corner of the table to add them) |

|  |
| --- |
| **Appellant name(s):** |
|

|  |
| --- |
| Click to enter name of appellant. |

 |
| **Address for correspondence (postal address):** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Select an item. | **Postcode:** | Enter postcode. |

 |
| **Contact number(s):** |
|

|  |  |
| --- | --- |
| Click to enter telephone number. | Click to enter mobile phone number. |

 |
| **Email address:** |
|

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| Click to enter email address. |

 |

| **SECTION 2 – REPRESENTATION** |
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| **Are you:** *(please select the relevant option)* |
| [ ]  | **Representing yourself** *(the Court and other parties will use the details in Section 1 to serve documents on you)* |
| [ ]  | **Represented by a solicitor** *(go to section 3)* |
| [ ]  | **Represented by an agent** *(go to section 4)* |
| Note: All Court notices and correspondence will be sent to you and all documents filed by another party will be served on you, unless you are represented by a solicitor or an authorised agent, in which case, they will be sent to, and served on, your solicitor or agent. |

| **SECTION 3 – REPRESENTED BY A SOLICITOR** |
| --- |
| **Name of firm:** |
|

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| Click to enter name of firm. |

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| **Name of solicitor:** |
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| Click to enter name of solicitor. |

 |
| **Address for correspondence (postal address):** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Select an item. | **Postcode:** | Enter postcode. |

 |
| **Contact number(s):** |
|

|  |  |
| --- | --- |
| Click to enter telephone number. | Click to enter mobile phone number. |

 |
| **Email address:** |
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| Click to enter email address. |

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| **SECTION 4 – REPRESENTED BY AN AUTHORISED AGENT** |
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| **Name of firm:** |
|

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| Click to enter name of firm. |

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| **Name of agent:** |
|

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| Click to enter name of agent. |

 |
| **Address for correspondence (postal address):** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Select an item. | **Postcode:** | Enter postcode. |

 |
| **Contact number(s):** |
|

|  |  |
| --- | --- |
| Click to enter telephone number. | Click to enter mobile phone number. |

 |
| **Email address:** |
|

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| --- |
| Click to enter email address. |

 |
|[ ]  **I have attached the authorisation form** *(Attachment 1 – Representation by an authorised agent)* |

| **SECTION 5 – RESPONDENT DETAILS – THE DECISION MAKER** |
| --- |
| **Whose decision is being appealed against? (e.g. Minister, Chief Executive, etc.):** |
|

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| Click to enter name of respondent. |

 |
| **Which State Government Department?** |
|

|  |
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| Click to enter text. |

 |
| **Relevant Contact Person within the Department:** |
|

|  |
| --- |
| Click to enter text. |

 |
| **Address for correspondence (postal address):** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Select an item. | **Postcode:** | Enter postcode. |

 |
| **Contact number(s):** |
|

|  |  |
| --- | --- |
| Click to enter telephone number. | Click to enter mobile phone number. |

 |
| **Email address:** |
|

|  |
| --- |
| Click to enter email address. |

 |

| **SECTION 6 – OTHER RESPONDENTS** |
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| **If applicable, please identify any other parties to the proceeding:** *(if there is more than one additional respondent, please click the plus button at the bottom right corner of the table to add them)* |

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| **Respondent:** |
|

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| Click to enter other respondents. |

 |
| **Address for correspondence (postal address):** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click to enter address. | **Suburb:** | Click to enter suburb. | **State:** | Select an item. | **Postcode:** | Enter postcode. |

 |
| **Contact number(s):** |
|

|  |  |
| --- | --- |
| Click to enter telephone number. | Click to enter mobile phone number. |

 |
| **Email address:** |
|

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| --- |
| Click to enter email address. |

 |

| **SECTION 7 – DECISION DETAILS**  |
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| **PLEASE ATTACH A COPY OF THE DECISION APPEALED AGAINST** |
| **State briefly the decision appealed against:** *(If you are an objector, include the name of the applicant and full particulars of the lease, licence or other authority which was granted)* |
|

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| Click to enter text. |

 |
| **Date of receipt of decision:** |
|

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| --- |
| Click here to enter a date. |

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| **SECTION 8 – PARTICULARS OF THE LAND WHICH IS THE SUBJECT OF THE APPEAL** |
| --- |
| **Property ID:** |

|  |
| --- |
| Click to enter Property ID. |

 |
| **Real Property Description:** |
| **Lot number:** |

|  |
| --- |
| Click to enter lot number. |

 |
| **Plan number:** |

|  |
| --- |
| Click to enter plan number. |

 |
| **Area:** *(include units – either m2 or ha, whichever is applicable)* |

|  |
| --- |
| Click to enter area. |

 | [ ]  **m2** | [ ]  **ha** |
| **Street address:** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Click to enter address. | **QLD** | **Postcode:** | Click to enter postcode. |

 |
| **Local Government Area:** |
|

|  |
| --- |
| Click to enter local government area. |

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| **SECTION 9 – APPEAL ISSUES** |
| --- |
| **Grounds of Appeal:** |
|

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| --- |
| Click to enter text. |

 |
| **Orders or Other Relief Sought:** |
|

|  |
| --- |
| Click to enter text. |

 |

| **SECTION 10 – DECLARATION** |
| --- |
| [ ]  I have read and understood the Privacy Statement below. |
| **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 the Land Court.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.](https://www.justice.qld.gov.au/corporate/publications-policies/information-and-privacy) |

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| --- |
| **SECTION 11 – LIST OF ATTACHMENTS** |
| **Please list all the documents which have been attached as part of completion of this form as applicable.** *(To add additional rows, please click the plus button on the bottom right hand corner of the table to add additional documents to the list)* |
| **Document Number** | **Document Name** | **Number of Pages** |
| Click to enter text. | Click to enter text. | Click to enter text. |

|  |
| --- |
| **SECTION 12 – DECLARATION SIGNATURE** |
| **The notice of appeal must be signed by ALL Appellants or their Solicitor or Authorised Agent.** *(If there is more than one signature required on this form, please click the plus button on the bottom right hand corner of the table to add additional signatures)* |

|  |
| --- |
| **Signed by:** *(please select one)* |
| [ ]   | **Appellant** |
| [ ]   | **Solicitor** |
| [ ]   | **Authorised agent** |
| [ ]   | **Company:** *(please specify the company name and your position below)* |
| **Company name:**  |
| Click to enter company name. |
| **Position within company:** |
| Click to enter position within the company. |
| **Name of signatory:** |
| Click to enter name. |
|  |
| Click here to select date of signing. |

| **SECTION 13 – PROCEDURE FOR FILING**  |
| --- |
| You or your representative must file this **Form 02** in the Land Court. Please print the completed **Form 02** and submit either: |
| In Person:**Land Court Registry**Level 8363 George StreetBRISBANE QLD 4000 | By Post:**The Registrar**Land Court RegistryGPO Box 5266BRISBANE QLD 4001 | By eMail:**landcourt@justice.qld.gov.au** |
| **You must serve a copy of your appeal on the respondent.** |
| NB: The legislation giving jurisdiction to start proceedings in the Land Court may specify time limits for filing and service of the appeal. Check the relevant legislation and seek legal advice if necessary. |

**ATTACHMENT 1**

**Only complete if being represented by an authorised agent**

|  |
| --- |
| Parties appearing in the Land Court often engage the services of a solicitor to represent them. Solicitors offer clients professional skills and expertise. They are accountable to their professional bodies and to the Court. They are also covered by insurance for any potential liability claims made against them by their clients.However, a party may choose to represent themselves or be represented by an agent.Before deciding to be represented by an agent, you should give careful consideration to the suitability and skill of the agent. You should be aware that an agent (unlike a solicitor) is not required to have professional indemnity insurance cover when representing clients before the Land Court. If you hire an agent and they have no professional indemnity insurance, you may find it difficult to get compensation if serious errors are made by the agent.In some proceedings in the Land Court, costs are awarded against the unsuccessful party. If the successful party has engaged an agent to represent them, then it is unlikely the agent’s fees can be recovered from the unsuccessful party.You may be asked by your agent to sign a waiver to remove your right to make a claim against them if you are dissatisfied with the outcome of the proceedings. You should be aware that you are engaging an agent who may not have to accept any responsibility for the outcome of the proceedings. |
|[ ]  **I have read and understood the information above** |
| **My agent’s authority to represent me is** Choose an item. |
| *(if limited, please provide details)* |
| Click here to enter text. |
| **Signed by appellant:** *(if Company, please specify full name and description of signatory below)* |
| **Position within company:** |
| Click to enter position within the company. |
| **Name of signatory:** |
| Click to enter name. |
|  |
| Click here to select date of signing. |