

Response – Future Treatment Payment

*Motor Accident Injuries Act 2019* (MAI Act)

ACAT FILE NUMBER: (ACAT use only)

MAI

Interpreter

|  |  |  |  |
| --- | --- | --- | --- |
| Do you or your representative need an interpreter?  | YES | NO |  |
|  |  |  |  |
| If yes, what language and dialect? |  |  |  |

INFORMATION about how to complete this form

WhEN DO I NEED TO USE THIS FORM?

**Use this form if you have received a notice from ACAT about an application to ACAT to determine the future treatment payment (FTP) under the *Motor Accident Injuries Act 2019* (MAI Act).**

**Do not use this form if you are applying to ACAT, for yourself or on behalf of another person, about a disagreement about the amount of the FTP. Use an *Application to determine Future Treatment Payment* form.**

**You do not need to make any payment to ACAT with this response.**

WHO ARE THE PARTIES TO The acat application?

**‘Applicant’ –** the person or insurer who has applied to ACAT to determine the Future Treatment Payment.

**‘Respondent’** – any person or insurer who is another party to the ACAT application.

respondent contact details

The **Postal Address** and **Email** you provide in ‘RESPONDENT CONTACT DETAILS’ or in ‘RESPONDENT’S REPRESENTATIVE CONTACT DETAILS’ will be used by ACAT and the other parties to provide notices and documents about this matter to you or your representative.

Please also provide a current telephone number so that ACAT can contact you.

If the contact details of the respondentt or their representative change, or if the representative is no longer authorised, the respondent **must immediately** notify ACAT. The respondent must also lodge a ***Notice of* *New Contact or Representation Details*** and give a copy to each other party.

Response – Future Treatment Payment

*Motor Accident Injuries Act 2019* (MAI Act)

what is your role in this matter? (please tick one)

The injured person

A Litigation Guardian making the application on behalf of an injured person who has a legal disability – a Litigation Guardian must lodge an ***Affidavit for person to act as Litigation Guardian*** **and** ***Consent and Undertaking by a person to act as Litigation Guardian*** form with this application. Go to our website at **www.acat.act.gov.au**.

The relevant insurer

RESPONDENT details

**What is your full name?** (if you are lodging this Response for a person with a disability, provide their name in the next question)

Surname/insurer’s name:

Given Names:

If insurer, ACN:

Name of the person with a disability you are lodging this Response for? (if you are a Litigation Guardian)

Surname:

Given Names:

A Litigation Guardian must **attach** a completed ***Affidavit for person to act as Litigation Guardian*** **and** ***Consent and Undertaking by a person to act as Litigation Guardian***.

respondenT CONTACT DETAILS

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

RESPONDENT’s REPRESENTATIVE DETAILS

(A representative who is not a lawyer must be authorised by a ***Power of Attorney***or an ***Authority to Act for a Corporation*** that is completed and **attached.**)

Surname:

Given Names:

Details of **attached** authorising document (if required):

***Power of Attorney*** Dated:

***Authority to Act for a Corporation*** Dated:

 Other - Name of document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:

respondenT’S REPRESENTATIVE CONTACT DETAILS

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

:

RESPONSE TO APPLICATION TO ACAT TO DETERMINE FUTURE TREATMENT PAYMENT

**Attach** to this form a copy of any notice or correspondence between the parties or documents (including medical report/s) relevant to this response.

Date of **attached** section 223 MAI Act notice:

**Negotiations about the amount of future treatment payment:**

What is the insurer’s last offer?

Amount:

Date of offer:

What is the injured person’s last offer?

Amount:

Date of offer:

Briefly describe the reason/s why you disagree with the applicant’s offer of future treatment payment:



signature by respondent or representative

(Any representative who is not a lawyer must be properly authorised by a ***Power of Attorney***or an ***Authority to Act for a Corporation*** that is completed and **attached**.)

Signature of respondent or respondent’s representative:

Name of respondent or respondent’s representative:

Date:

CHECKLIST FOR Lodgment of response to AN APPLICATION TO DETERMINE future treatment payment

I have correctly filled out the ***Response – Future Treatment Payment*** form including:

* respondent’s name and, if relevant, the name of the respondent’s *Litigation Guardian*
* respondent’s representative’s name
* full contact details including email address of respondent and, if relevant, respondent’s representative
* the date of the attached section 223 MAI Act notice issues by the insurer in relation to the injured person’s application for future treatment payment
* any relevant document that would assist ACAT in deciding the FTP, including evidence about the injured person’s medical treatment and the opportunities available for investment of the payment amount
* details of the last future treatment payment offer made:
	+ by the insurer – amount and date; and
	+ by the injured person – amount and date
* details of the reason/s the respondent disagrees with the applicant’s last offer.

The ***Response – Future Treatment Payment*** form is signed and dated by:

* the respondent or the respondent’s *Litigation Guardian*; or
* the respondent’s Authorised Representative on the respondent’s behalf.

I have **attached** (if applicable):

* an ***Affidavit for person to act as Litigation Guardian***; and
* ***Consent and Undertaking by a person to act as Litigation Guardian*** (both forms available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)).

I have **attached**, if applicable, a completed ***Power of Attorney***or***Authority to Act for a Corporation*** form (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)).